

FROG&TOAD CHILD CARE&LEARNING CENTER, LLC

APPLICATION FOR SCHOLARSHIP

INTRODUCTION

These Frog&Toad Scholarship funds are designed to assist 2 families in our Burlington location and 2 families in our Essex location with children birth to 5 years of age that DO NOT meet the requirements in order to qualify for the Child Care Financial Assistance Program (CCFAP), or other special funding sources such as (ACT 166 or First Steps). In order to qualify for these Frog&Toad Scholarship funds, families that apply must NOT exceed the income limitations set by CCFAP by more than 5,000.00 annually. **Renewal of application is September 1 annually.**

MONTHLY Income Eligibility Guidelines for Frog&Toad Scholarship Funds:

Family Size 3 or Fewer	Family Size 4	Family Size 5	Family Size 6 or more
\$5,450.00 – \$5,867.00	\$6,570.00 - \$6,987.00	\$7,690.00 - \$8,107.00	\$8,810.00 - \$9,227.00

In order to qualify for these Frog&Toad Scholarship funds your family MUST:

Have a child that is between birth and 5 years of age.

NOT qualify for CCFAP, ACT 166, First Steps, or other special funding sources.

Meet the income guidelines as described above.

Be enrolled with Frog&Toad Child Care&Learning Center, LLC 5 days per week OR 3 days with Frog&Toad, and 2 days with a special services program such as Early Essential Education (EEE).

NOT be an employee of Frog&Toad Child Care&Learning Center, LLC.

Agree to report any changes that would affect your family’s eligibility for the Frog&Toad Scholarship funds within 10 days.

SCHOLARSHIP AWARD AMOUNT:

Families that are awarded the Frog&Toad Scholarship funds will be gifted up to \$100.00 per week.

Additionally, families will be given up to 8 weeks to pay the original security deposit and application fee.

Scholarships run for a period of 6 months, and so applications will be accepted in in December and May for January and June start dates each year. Families may apply for scholarships consecutively, but priority will be given to those families who have never received Frog&Toad Scholarship funds.

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SECTION 1. APPLICANT INFORMATION:

Last Name _____ First _____ Middle _____ Suffix (Jr, Sr, III) _____

Other Names (Maiden or Alias) _____

Home/Physical Address _____

Town/City _____ State _____ Zip Code _____

Mailing Address if different from above _____

Town/City _____ State _____ Zip Code _____

Email Address _____ Vermont Resident: YES NO

Date of Birth _____ US Citizen: YES NO

If no, please indicate status: Refugee Immigrant Asylee Permanent Resident Other

If other, please explain _____

Marital Status: Married Mixed Civil Union Legally Separated Separated
Divorced Single Single w/Domestic Partner Widowed

Gender: Male Female Other: _____ **Single-Parent Household:** YES NO

Primary Home Language: _____

Race (check all that apply): American Indian/Alaskan Native Asian Black/African
American Native Hawaiian/Pacific Islander White

Ethnicity: Hispanic Not Hispanic

Is your family homeless? YES NO

Does your family currently receive funding from CCFAP? YES NO

Does the applicant have one million dollars or more in assets? YES NO

Do you contribute money into a qualified child education savings account, such as the Vermont Higher Education Investment Plan? YES NO

Is a parent currently active duty in the US Military, a member of a National Guard Unit or Military Reserve Unit? YES NO

If yes, please choose one: Active Military National Guard/Military Reserve

Home Phone _____ Work Phone _____ Cell Phone _____

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SECTION 4. APPLICANT'S NEED FOR CARE:

Employed at _____ Flexible Schedule? YES/NO Hours Worked Weekly _____

Employer's Address _____ Telephone _____

City _____ State _____ Zip Code _____

Do you have a Bachelor's Degree? YES/NO Employer contribute money toward child care? YES/NO

In school/training at _____ Flexible Schedule? YES/NO Schedule Hours Weekly _____

SECTION 5. SECOND PARENT'S NEED FOR CARE:

Employed at _____ Flexible Schedule? YES/NO Hours Worked Weekly _____

Employer's Address _____ Telephone _____

City _____ State _____ Zip Code _____

Do you have a Bachelor's Degree? YES/NO Employer contribute money toward child care? YES/NO

In school/training at _____ Flexible Schedule? YES/NO Schedule Hours Weekly _____

SECTION 6. CHILD SUPPORT INFORMATION:

Complete the information below. If you are currently married or have ever been married, you must provide proof of legal separation, divorce, and child support.

Please complete for each child in your household for which you receive child support. *Submit a 6-12-month child support disbursement or payment record.*

Names of children in the household	Name and address of absent parent	Were you married to the person paying child support?	Amount Received
		YES NO	\$ PER
		YES NO	\$ PER
		YES NO	\$ PER

If you are not receiving court ordered child support please provide an explanation why below. Please indicate how much he/she contributes monthly. If the contribution is in the form of goods (diapers, wipes, clothing), mortgage payments, rent payments, etc. Please indicate a monthly value in dollars.

Value in Dollars \$ _____

Does anyone in your household pay regular court ordered child support? YES/NO If yes, provide verification.

Name of person paying _____ Amount _____ Frequency _____

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SECTION 7. HOUSEHOLD INCOME:

For each type of income, you claim you must supply written evidence. Examples of documentation include two current consecutive pay stubs, a copy of last year's income tax return for self-employment, a statement from your employer confirming wages for new employment, or a copy of your court ordered child support.

Family Member

Family Member

Type of Income (select all that apply):

Type of Income (select all that apply):

	Amount	Frequency		Amount	Frequency
AmeriCorps Stipend	_____	_____	AmeriCorps Stipend	_____	_____
Child Support Received	_____	_____	Child Support Received	_____	_____
Dividend Income	_____	_____	Dividend Income	_____	_____
3SquaresVT (food stamps)	_____	_____	3Squares VT	_____	_____
Housing Assistance	_____	_____	Housing Assistance	_____	_____
Interest Income	_____	_____	Interest Income	_____	_____
Medicaid	_____	_____	Medicaid	_____	_____
Military Pay Active	_____	_____	Military Pay Active	_____	_____
Military Pay Reserve	_____	_____	Military Pay Reserve	_____	_____
Other	_____	_____	Other	_____	_____
PSE Stipend	_____	_____	PSE Stipend	_____	_____
Reach Up	_____	_____	Reach Up	_____	_____
Reach Up Child Only	_____	_____	Reach Up Child Only	_____	_____
Rental Income	_____	_____	Rental Income	_____	_____
Self Employed Income	_____	_____	Self Employed Income	_____	_____
Social Security Benefit	_____	_____	Social Security Benefit	_____	_____
Spousal Maintenance			Spousal Maintenance		
Received	_____	_____	Received	_____	_____
Supplemental Social Security	_____	_____	Supp. Social Security	_____	_____
Tips, etc.	_____	_____	Tips, etc.	_____	_____
Trust Fund	_____	_____	Trust Fund	_____	_____

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Unemployment Comp.	_____	_____	Unemployment Comp.	_____	_____
Veterans Benefits	_____	_____	Veterans Benefits	_____	_____
Vista Stipend	_____	_____	Vista Stipend	_____	_____
Wages	_____	_____	Wages	_____	_____
Worker's Comp.	_____	_____	Worker's Comp.	_____	_____

SECTION 8. CONSENT TO EXCHANGE INFORMATION:

Last Name _____ First _____ Middle _____ Suffix (Jr, Sr, III) _____

I give my permission for the Executive Director of Frog&Toad Child Care&Learning Center, LLC to exchange information required to determine my/our eligibility for Frog&Toad Scholarship Funds with, please circle all that apply: *(for any items not circled, I understand I am responsible for documentation needed to determine my eligibility. Failure to provide documentation may delay my application.)*

Department for Children and Families, Office of Child Support

Department for Children and Families, Economic Services Division

Department of Labor, formerly the Department of Employment and Training

Department for Children and Families, Family Services Division

Vocational Rehabilitation

Program and Academic Director's Frog&Toad Child Care&Learning Center, LLC

Employer _____ (employer's name)

Family Support Team

Essential Early Education (EEE)

Visiting Nurses Association (VNA)

Children's Integrated Services (CIS)

Other _____

Relationship to child covered by this consent form: Mother Father Legal Guardian Other _____

I **do not** give consent to share my information with the agencies listed above. If this is the case, please initial here: _____

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SECTION 9. VERIFICATION AND SIGNATURE

*I understand that Frog&Toad Child Care&Learning Center, LLC will notify me in writing about its decision on my application. Initials: _____

*I certify that the information given on this form is true and correct to the best of my knowledge. Initials: _____

*I understand that I must report any changes that may affect my eligibility within 10 business days (e.g., changes in my household size, marital status, unemployment, employment, training status, income etc.)

Initials: _____

*I understand that I could be subjected to prosecution for fraud and/or be required to repay Frog&Toad Scholarship funds if I do not report changes within 10 business days of the change, or provide incorrect or misleading information. Initials: _____

*If I am eligible, I understand that I must pay the difference between all of the financial benefits that I receive toward child care, and what Frog&Toad Child Care&Learning Center, LLC charges. Initials: _____

*I understand that I must pay for any child care costs that I incur while I am not eligible for Frog&Toad Scholarship funds. Initials: _____

*I understand failure to provide required documentation may result in denial of this application. Initials: _____

*I understand that scholarship funds are limited and that I may be denied based on availability. Initials: _____

Applicant Printed Name

Applicant Signature

Date

FROG&TOAD CHILD CARE&LEARNING CENTER, LLC

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INSTRUCTIONS AND REQUIRED DOCUMENTATION:

If your application is not completely filled out, it will be returned. If you are found eligible, your Frog&Toad Scholarship will begin on the date your completed application was approved.

Eligibility is determined based on your family's need for child care, total gross household income, family size, and availability of funds. Each parent/legal guardian must have one of the following service needs (reason for child care):

***Employment:** Please submit two consecutive paystubs from the last 30 days for each job that you have. If you have a new job and have not yet received paystubs, please request an employment verification form. If your employer does not withhold taxes from you and you will pay those taxes yourself and the end of the year, follow instructions for self-employment.

***Self-Employment:** Complete a Self-Employment Business Plan Form. If you have been self-employed for more than one year, enclose a complete copy of your most recent tax return. If you have been self-employed for less than one year, a profit and loss form will be required.

***In School or Training:** Complete a Training Form, along with your course schedule including days and hours attending. Upon completion of your classes, you will need to provide documentation of successfully completed coursework.

***Seeking Employment:** If you are looking for employment please submit a description of your plan for doing so.

ADDITIONAL REQUIRED DOCUMENTATION:

***Household Income:** Include verification of all other household income such as SSI, Social Security, Veteran's Benefits, unemployment benefits, Worker's Compensation, interest income, stocks and bonds, and rental income. Include a copy of your check or letter from the agency from which you receive compensation.

***Child Support Verification:** For each child, include a court order, or a 6-12-month payment history from the Office of Child Support.

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TRAINING PLAN FORM

Applicant Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Complete the sections which apply to your situation.

1. The highest grade completed in school (circle one)
High School, please circle highest grade completed: 8 9 10 11 12
Some College, have not yet earned degree
Associate's Degree in: _____
Technical College: _____ (enter number of years attended)
 2. I have begun a degree program at: _____
Date I began working on my degree: _____
 3. I have attached my transcripts showing successful completion of all prior coursework. Successful completion is defined as a grade of "C" or better in a graded system or a majority of passed courses if they are graded as pass/fail courses.
 4. Projected date of completion of degree: _____
Steps I need to take to complete my degree include: _____
-
-

5. I am involved in an alternative training program. I would like to request that my training program be approved by Frog&Toad Child Care&Learning Center, LLC as an approved training program. I have attached a written description of my plan for training. *This plan must include: beginning and end dates; specific training activities; written documentation related to your training (for example, an acceptance letter to the program, a course description, or registration payment information).*
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I understand that I must report any changes in my training status immediately. I understand that I could be subjected to prosecution for fraud and/or be required to repay Frog&Toad Scholarship funds if I do not report changes, or provide incorrect or misleading information.

Applicant Printed Name

Signature

Date

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SELF-EMPLOYMENT BUSINESS PLAN FORM

Applicant Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Business: _____

Employer Identification Number (EIN): _____ or Social Security #: _____

Address of Business: _____

Business Phone: _____ Business Start Date: _____

This business is a (circle one): Sole Proprietorship Partnership Corporation Subcontractor

Please provide a detailed description of your business:

I understand that I must report any changes in my self-employment status immediately. I understand that I could be subjected to prosecution for fraud and/or be required to repay Frog&Toad Scholarship funds if I do not report changes, or provide incorrect or misleading information.

Applicant Printed Name Signature Date