

**FROG&TOAD CHILD CARE&LEARNING CENTER, LLC**

**APPLICATION FOR SCHOLARSHIP**

**INTRODUCTION**

These Frog&Toad Scholarship funds are designed to assist up to 2 subsidized families in our Burlington location, and up to 2 families in our Essex location with children birth to 5 years of age that DO NOT receive 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 maintain a current and valid certificate through the CCFAP.

**Application renewal is September 1 annually.**

**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 ACT 166, First Steps, or other special funding sources.

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 \$50.00 per week. Additionally, a 50% reduction in the security deposit will be given along with the ability to pay the security deposit over a period of 8 weeks. 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.



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**SECTION 2. OTHER HOUSEHOLD MEMBERS:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix (Jr, Sr, III) \_\_\_\_

Date of Birth \_\_\_\_\_ Primary Language \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Gender: Male Female Other: \_\_\_\_\_ Ethnicity: Hispanic Non-Hispanic

Race: American Indian or Alaskan Native Asian Black/African American White  
Native Hawaiian/Pacific Islander

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Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix (Jr, Sr, III) \_\_\_\_

Date of Birth \_\_\_\_\_ Primary Language \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Gender: Male Female Other: \_\_\_\_\_ Ethnicity: Hispanic Non-Hispanic

Race: American Indian or Alaskan Native Asian Black/African American White  
Native Hawaiian/Pacific Islander

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Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix (Jr, Sr, III) \_\_\_\_

Date of Birth \_\_\_\_\_ Primary Language \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Gender: Male Female Other: \_\_\_\_\_ Ethnicity: Hispanic Non-Hispanic

Race: American Indian or Alaskan Native Asian Black/African American White  
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**SECTION 3. 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

Does your employer contribute money toward child care? YES NO

In school/training at \_\_\_\_\_

Flexible Schedule? YES NO Schedule Hours Weekly \_\_\_\_\_

**SECTION 4. 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

Does your employer contribute money toward child care? YES NO

In school/training at \_\_\_\_\_

Flexible Schedule? YES NO Schedule Hours Weekly \_\_\_\_\_

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**SECTION 5. 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, 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)

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 standing with CCFAP). 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: \_\_\_\_\_

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Applicant Printed Name

Applicant Signature

Date