



# SCHOLARSHIP APPLICATION



The following information is confidential to Begin With Us Child Care and Preschool, Inc.

Date Form Completed: \_\_\_\_\_

<u>Last</u> Name (Child):	<u>First</u> Name (Child):	<u>Middle</u> Name (Child):
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Child's Date of Birth:	Child's Age as of September 1, 2018:	Household (Family) Size:
/ /	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

Primary Language	Family Type
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (Please Specify)	<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster Child <input type="checkbox"/> Child Living with Relative <input type="checkbox"/> Other _____ (Please Specify)
<b>Preferred Classroom Session*</b>	Is there a court order for custody? ____ Yes      ____ No  If yes, who has legal custody? _____ <i>Certified court orders must be provided.</i>
<input type="checkbox"/> 8:30 a.m. – 3:00 p.m. <input type="checkbox"/> 9:00 a.m. – 3:30 p.m. <input type="checkbox"/> No Preference  *Selection of a session does not guarantee that your child will be placed in the time requested. Accommodations will be made when possible.	

Name of Parent Completing Application:		E-mail Address:
Street Address:		City:
State: <b>PA</b>	Zip Code:	County:
Home Telephone: ( )	Work Telephone: ( )	Cellular Telephone: ( )
School District Child Will Attend:	Elementary School Child Will Attend:	Childs Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
I certify that I am a legal resident of Pennsylvania: <input type="checkbox"/>		
Signature: _____		

**Household Yearly Income** (Required, please check box.):

<input type="checkbox"/> <b>Less than \$5,000</b>	<input type="checkbox"/> <b>\$5,001 - \$10,000</b>	<input type="checkbox"/> <b>\$10,001 - \$15,000</b>
<input type="checkbox"/> <b>\$15,001 - \$20,000</b>	<input type="checkbox"/> <b>\$20,001 - \$25,000</b>	<input type="checkbox"/> <b>\$25,001 - \$30,000</b>
<input type="checkbox"/> <b>\$30,001 - \$35,000</b>	<input type="checkbox"/> <b>\$35,001 - \$40,000</b>	<input type="checkbox"/> <b>\$40,001 - \$45,000</b>
<input type="checkbox"/> <b>\$45,001 - \$50,000</b>	<input type="checkbox"/> <b>\$50,001 - \$60,000</b>	<input type="checkbox"/> <b>\$60,001 - \$70,000</b>
<input type="checkbox"/> <b>\$70,001 - \$100,000</b>	<input type="checkbox"/> <b>More than \$100,000</b>	

**Person completing this application must attach copies of documents used to verify income with submission of application. Applications submitted without income will be considered incomplete.**

<p><b>Income Includes:</b></p> <ul style="list-style-type: none"> <li>-Earned income: gross wages from work/cash-in-hand/self-employment.</li> <li>-Unearned income: alimony, child support, military family allotments, pensions, public assistance, Supplemental Security Income (SSI).</li> <li>-Unearned benefits: worker's compensation, unemployment, lottery winnings, retirement benefits.</li> </ul>	<p><b>Income Verification:</b></p> <ul style="list-style-type: none"> <li>-Pay stubs.</li> <li>-W-2s.</li> <li>-Internal Revenue Service income tax forms.</li> <li>-Written employer statement of anticipated earnings.</li> <li>-Self-employment: tax returns, business records.</li> <li>-Benefit check, bank statement, court order.</li> </ul>
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<b>The 2018 Poverty Guidelines for the 48 Contiguous States and the District of Columbia</b>			
<b>Persons in family</b>	<b>100% of Poverty</b>	<b>200% of Poverty</b>	<b>300% of Poverty</b>
<b>2</b>	\$16,460	\$32,920	\$49,380
<b>3</b>	\$20,780	\$41,560	\$62,340
<b>4</b>	\$25,100	\$50,200	\$75,300
<b>5</b>	\$29,420	\$58,840	\$88,260
<b>6</b>	\$33,740	\$67,480	\$101,220
<b>For families with more than 6 persons, add \$4,320 for each additional person.</b>			

**Federal Income Guidelines for 2018, <https://aspe.hhs.gov/poverty-guidelines>, DEPARTMENT OF HEALTH AND HUMAN SERVICES, Office of the Secretary Annual Update of the HHS Poverty Guidelines AGENCY: Department of Health and Human Services.**

**Please check all boxes that pertain to your family:**

**Family income is at or below 300% of federal poverty level.** (Required risk factor for enrollment.) Consider all sources of income as listed above. Income will be reviewed and verified prior to enrollment.

**Other Child Eligibility Risk Factor Criterion (Must check all that apply. Verification is required for each risk factor identified.):**

**Behavioral or Health Support Services:** A child who was referred from an appropriately credentialed health or mental health practitioner who is not employed by the Pre-K Counts program; a child who is receiving mental health treatment.

**Child Protective Services:** A child who is a foster child, a kinship care child, or receiving Children, Youth and Family services.

**Education Level of Guardian:** Parent/Guardian does not have or is in the process of obtaining a high school diploma or post-secondary degree.

**English Language Learner:** A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.

**Incarcerated Parent:** A child, of which: one of the child's parents is currently incarcerated. Possible release from prison date: \_\_\_\_\_

**Teen Mother:** A child whose mother was under the age of 18 when the child was born.

**Homeless:** A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:

- A. A child who is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; is living in motels, hotels, or camping grounds due to the lack of alternative accommodations; is living in emergency or transitional shelters; is abandoned in hospitals; or is awaiting foster care placement;
- B. A child who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- C. A child who is living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

**Individualized Education Plan (IEP):** A child who is currently enrolled in the preschool early intervention program with an active Individual Educational Plan (IEP). Verification would be a copy of the IEP or other source of documentation from the parent or early intervention provider.

**Migrant (Non-Immigrant)/Seasonal Student:** A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agricultural-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.

Have you applied for any other sources of funding or to any other agencies for the **2018-2019** school year, including but not limited to: Pre-K Counts, Head Start, Child Care Information Services (Child Care Works), scholarships, etc.? **Yes / No**

**Please list all:** \_\_\_\_\_

Has your child ever been enrolled in an early childhood setting?

**If so, please list:** \_\_\_\_\_

Do you anticipate needing child care before or after the school day? **Yes/No**

**Before/After/Both (Please circle)**

How did you learn about our program? \_\_\_\_\_

To the best of my/our knowledge, the information provided is accurate. I/We understand that I/we will be asked to verify or substantiate the information provided.

**This application will be considered incomplete if not submitted with proof of income and verification of any additional child risk factor criterion.**

\_\_\_\_\_  
Parent/ Legal Guardian Signature                      Parent/Legal Guardian Name Please Print                      Date

\_\_\_\_\_  
Parent/Legal Guardian Signature                      Parent/Legal Guardian Name Please Print                      Date

\_\_\_\_\_  
Staff Verifying Income and Risk Factors Signature                      Date

\_\_\_\_\_  
Staff Verifying Income and Risk Factors Print Name                      Date

**Office Use Only:**

**Actual Annual Verified Gross Household (Family) Income:** \$ \_\_\_\_\_

**Congratulations, you are considering one of the most valuable experiences that is available in early childhood education today. *Begin With Us* will provide your child a strong foundation for learning with passionate teachers, hands on experiences, and developmentally appropriate curriculum. We encourage you to learn more about our program and your place as a parent in our learning community through our website, [www.beginwithus.net](http://www.beginwithus.net).**

**In order to better allow us to get to know your child, please complete the following four (4) questions:**

Why would you like for your child to receive a pre-kindergarten scholarship?

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Please tell us about your child's strengths; and areas where a high quality pre-kindergarten program would benefit your child:

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Why would ***Begin With Us*** be a good fit for your child?

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What do you think your child will like the most about attending ***Begin With Us***?

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