

DEPC SCHOLARSHIP PROGRAM APPLICATION



To be eligible for the Down East Partnership for Children Scholarship program the child and family must meet the following requirements:

- Family lives in Nash or Edgecombe counties
- Child is between the ages of 0-4 years and is NOT age-eligible for pre-k services
- Parent/Guardian is:
 - Working an average of 30 hours per week
or
 - Enrolled as a full-time student
or
 - Has a combination of work hours and school hours equaling an average of 30 hours per week.
- Family's gross income is at or below 85% of the State Median Income level

Please complete the FULL application and include the following attachments:

- Birth Certificate
- Two months of paystubs for the parents/guardians in the house of the child applied for or a wage form signed by the employer
- Written documentation of any other sources of income: WFFA, Social Security (SSA), SSI Disability, Child Support, etc.
- Class schedule for any parent/guardian who is attending school
- *** Proof of Residence - APPLICATION WILL NOT BE PROCESSED WITHOUT PROOF OF RESIDENCE**

Please review all information to ensure you have filled out the application form completely.

****You must sign below****

I understand that additional information may be requested after my eligibility for the DEPC Scholarship program has been determined.

I certify that all of the information contained in this application is subject to verification, is true and correct, and that all income is reported to the best of my ability.

Signature of Parent/ Guardian completing this form: _____ Date: _____

**If guardian signs, official documentation of guardianship will be required.*

For agency use only: Risk Score: _____

PARENT/GUARDIAN INFORMATION

FIRST PARENT/GUARDIAN – Child must be living in the same household as the person(s) listed below.

Parent/Guardian Name: _____	
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian/Custodian <input type="checkbox"/> Other: _____	
Home Address: _____ <i>(Please include zip)</i>	Mailing Address: _____ <i>(If different than home – Please include zip)</i>
How many addresses have you and your child had in the past year? <input type="checkbox"/> 1 <input type="checkbox"/> 2-3 <input type="checkbox"/> 4-5 <input type="checkbox"/> 6-7 <input type="checkbox"/> 8 or more	
County You Live In: <input type="checkbox"/> Nash <input type="checkbox"/> Edgecombe <input type="checkbox"/> Other _____	Phone Number: _____ Second Phone Number: _____
Email address: _____	
Ethnicity: Are you of Latino/Hispanic descent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <i>(please check all that apply)</i> <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other _____	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Employment/School Status: _____ <i>(please check all that apply)</i>	<input type="checkbox"/> Employed/Self-Employed** (Date You Were Hired: _____) <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Attending Job Training <input type="checkbox"/> Attending High School/GED <input type="checkbox"/> Attending College
Education Level: _____	<input type="checkbox"/> In High School <input type="checkbox"/> Dropped Out of High School <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> In College <input type="checkbox"/> College Graduate <input type="checkbox"/> Masters Degree

Is there another parent or guardian that lives in the home with the child? YES NO

If there is not a second parent in the home you must mark "NO" to avoid having an incomplete application

SECOND PARENT/GUARDIAN – Only complete if second parent lives in the household.

Parent/Guardian Name: _____	
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian/Custodian <input type="checkbox"/> Other: _____	
Ethnicity: Are you of Latino/Hispanic descent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <i>(please check all that apply)</i> <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other _____	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
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WAGE FORM

Early Childhood Care and Education Recruitment/ Referral

In order to determine eligibility for the Down East Partnership for Children Smart Start Scholarship Program, it is necessary for you to provide proof of income.

If you do not have paystubs, please have your **current employer complete and sign** the following form. Please list gross wages for two months prior to the current month. Please complete for **each** parent/guardian.

Name Parent/Guardian #1: _____

Employer Name: _____ Employer Phone #: _____

Hire Date: _____ Rate of Pay per hour: \$ _____ Hours worked per week _____

Paycheck received: Once per week Every two weeks Twice per month (ex. 1st & 15th) Once per month

Please complete: (Use last 2 months pay periods) **INCLUDING OVERTIME**

Date of Pay (Received)	Gross Pay (before deductions)	# of hours worked (per pay period)	Regular Pay	Overtime Pay

Employer's Signature: _____ Date: _____

Employer/Company: _____

Name Parent/Guardian #2: _____

Employer Name: _____ Employer Phone #: _____

Hire Date: _____ Rate of Pay per hour: \$ _____ Hours worked per week _____

Paycheck received: Once per week Every two weeks Twice per month (ex. 1st & 15th) Once per month

Please complete: (Use last 2 months pay periods) **INCLUDING OVERTIME**

Date of Pay (Received)	Gross Pay (before deductions)	# of hours worked (per pay period)	Regular Pay	Overtime Pay

Employer's Signature: _____ Date: _____

Employer/Company: _____

VERIFICATION FORM FOR SELF-EMPLOYMENT – INCOME EARNED AND HOURS WORKED

This form is to record income earned and hours worked for parents who are self-employed. It is to be submitted with business records such as time cards, receipts, log books, etc. This form cannot be accepted without this additional documentation. The information provided must be for a **full two-month (8-week)** period.

I, _____, am providing this written statement of income earned and hours worked from my _____ and ending _____.

(Name/Type of Business)

INCOME: Make copies of this form as needed to capture the full two-months (8-weeks). Do not forget to attach business records such as time cards, receipts, log books, etc.

Date	Source of Income (client, sale, project, etc.)	Amount Earned
TOTAL		_____

HOURS: Hours worked during the full two-months (8-weeks).

Week Tracking	Number of Hours Worked
through _____	
through _____	
through _____	
through _____	
through _____	
through _____	
through _____	
through _____	
through _____	
TOTAL:	

I certify that this is a true and correct record of income earned to the best of my knowledge.

Signature

Date

CHILD INFORMATION

Please complete information for each child that needs services.

CHILD #1

Child's Full Name: <i>(as on birth certificate)</i> _____		Child's Date of Birth: _____
Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Race/Ethnicity: <i>(please check all that apply)</i> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other _____	
Child's Language: If your child has started talking, what language is spoken? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Family Status: <i>(check only one)</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother & Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	This child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother & Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
Child Care Info: Are you currently receiving financial assistance for child care? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name of agency _____		

SPECIAL NEEDS AND SERVICES

Has your child received any of the following services within the past year?

IFSP (Individualized Family Service Plan): YES NO Don't know

IEP (Individualized Education Plan): YES NO Don't know

Does your child have a developmental or educational challenge? YES NO Don't know

If yes, please explain: _____

Does your child have a physical challenge or chronic illness? YES NO Don't know

If yes, please explain: _____

CHILD #2

Child's Full Name: <i>(as on birth certificate)</i> _____		Child's Date of Birth: _____
Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Race/Ethnicity: <i>(please check all that apply)</i> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other _____	
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If yes, please explain: _____

Does your child have a physical challenge or chronic illness? YES NO Don't know

If yes, please explain: _____

ADDITIONAL INCOME INFORMATION

List the amounts of the following income sources that you receive - write in \$0 if none is received.

WFFA (Work First): \$ _____ per month	Unemployment Benefits: \$ _____ per month
Social Security (SSA): \$ _____ per month	SSI Disability: \$ _____ per month
Child Support: \$ _____ per month	Other: _____ \$ _____ per month

You must provide written documentation for all additional income sources

HOUSEHOLD INFORMATION

Please list EVERY person living at the home address reported on this application, including the child

Name	Date of Birth	Relationship to Child
<i>Example: Jane Smith</i>	<i>01/01/1988</i>	<i>Mother</i>

Total number of family members in the home (including child): _____

What language is spoken in the home most of the time?

- English Spanish Arabic Chinese Hindi Vietnamese Other: _____ (please specify)

Which best describes your family's current living situation:

- | | |
|---|---|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Homeless or Emergency Homeless Shelter | <input type="checkbox"/> Lack permanent nighttime address |
| <input type="checkbox"/> Battered Women and Children Shelter | |

Please check any of the following family challenges that you experienced in the last year:

- | | |
|---|--|
| <input type="checkbox"/> Work hours reduced or laid off from work | <input type="checkbox"/> Physical challenge or chronic illness |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Incarceration | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Reported child abuse and/or neglect | |