

# Estes Valley Investment in Childhood Success

## CHILD CARE SCHOLARSHIP FUND

(Please complete using black or blue ink.)

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Family structure: Single Parent

Two Parents

Guardian (relative)

Other (describe)  \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_

Employer/Educational Program: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Employer/Educational Program: \_\_\_\_\_

\_\_\_\_\_

Names and relationship of all those in the household (please include all adults and children and the ages of other children):

\_\_\_\_\_

\_\_\_\_\_

Language(s) spoken in the household: \_\_\_\_\_

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Reason Child Requires Care:

- Parent(s) working
- Parents(s) in school
- Child has a special need
- Other (describe)

\_\_\_\_\_

\_\_\_\_\_

Days/Hours Care Needed:

\_\_\_\_\_

\_\_\_\_\_

Provider you have chosen for care:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Assistance programs for which you qualify/are receiving funding (please check all that apply and attach copies of cards or verification):

	Qualify	Receiving	
Food stamps	<input type="checkbox"/>	<input type="checkbox"/>	
Free Lunch	<input type="checkbox"/>	<input type="checkbox"/>	
Reduced Lunch	<input type="checkbox"/>	<input type="checkbox"/>	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	
CCAP	<input type="checkbox"/>	<input type="checkbox"/>	
CHP+	<input type="checkbox"/>	<input type="checkbox"/>	
TANF	<input type="checkbox"/>	<input type="checkbox"/>	
Salud sliding scale	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	
Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	describe _____
Other	<input type="checkbox"/>	<input type="checkbox"/>	describe _____

Length of time you anticipate needing assistance: \_\_\_\_\_

Steps you are taking to help you lessen your need for assistance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Parent 1/Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

Average Hours/Month: \_\_\_\_\_

Average Gross Monthly Wages: \_\_\_\_\_

How often are you paid: Monthly   
 Weekly   
 Twice a Month

Parent 2/Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

Average Hours/Month: \_\_\_\_\_

Average Gross Monthly Wages: \_\_\_\_\_

How often are you paid: Monthly   
 Weekly   
 Twice a Month

Other Sources of Household Income:

Grants/Scholarships	<input type="checkbox"/>	\$ _____ per month
Work Study	<input type="checkbox"/>	\$ _____ per month
Child Support	<input type="checkbox"/>	\$ _____ per month
VA Benefits	<input type="checkbox"/>	\$ _____ per month
TANF	<input type="checkbox"/>	\$ _____ per month
Social Security	<input type="checkbox"/>	\$ _____ per month
Other(describe)	<input type="checkbox"/>	\$ _____ per month

Total Monthly Household Income: \$ \_\_\_\_\_ per month

Please attach copies of recent payroll stubs, verifying income.

Special financial circumstances you would like considered:

\_\_\_\_\_

Education: High School diploma or GED? Yes  No

Other education: \_\_\_\_\_

Currently enrolled in an educational program? Yes  No

If yes, describe \_\_\_\_\_

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I certify by my signature below that the above information is true and complete. I understand that I have an obligation to report any changes within one month of the change (change in income, family size, employment status, etc.) to the Estes Valley Investment in Childhood Success Coordinator. I also understand that assistance will be terminated if I fail to pay the parent portion determined by EVICS. I give EVICS permission to verify information listed on this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Authorization to Supply Information

I hereby authorize EVICS to supply information obtained from me to any child care provider I may choose to use, any employer for whom I work, or any school I may be attending.

### Authorization to release Information

I authorize any child care provider I may choose to use, any employer for whom I work, any school I may be attending or any program for which I qualify for funding to supply information to EVICS concerning my application for subsidized child care through the EVICS child care scholarship fund. I release the person(s), agencies or institutions from any and all liability for supplying such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please return completed, signed application to: EVICS, PO Box 3373 Estes Park, CO 80517  
or drop off at the EVICS Office, Peak to Peak Plaza, 343 S. St. Vrain Ave.  
For questions or assistance please call 586-3055  
You will be notified for a screening interview.

**Estes Valley Investment in Childhood Success**  
**CHILD CARE SCHOLARSHIP FUND**

EVICS Use Only

Family #: \_\_\_\_\_  
Residency/Work verification: \_\_\_\_\_  
Provider eligibility: \_\_\_\_\_  
Income verification: \_\_\_\_\_

Assistance with application(s) to other funding sources for which qualified? Yes  No   
If yes, list \_\_\_\_\_

Fund Assistance Granted? Yes  No

If No, Why? \_\_\_\_\_  
\_\_\_\_\_

Amount Granted: \$ \_\_\_\_\_ per month  
\$ \_\_\_\_\_ catch-up of past due fees owed

Parent Fee: \$ \_\_\_\_\_ per month

Duration of grant: Start date: \_\_\_\_\_  
End date: \_\_\_\_\_

Number of times family has applied: \_\_\_\_\_

Total amount granted past and current: \$ \_\_\_\_\_

Comments: