

Estes Valley Investment in Childhood Success

Childcare Scholarship Application

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) _____

Please fill out for each adult in the home.

Parent/Guardian Name _____ Home Phone _____
Address _____ Work Phone _____
 _____ Cell Phone _____
 _____ Email _____
 _____ Age _____

Employer _____ Full Time? Yes

High School diploma or GED? Yes No

Other education _____

Currently enrolled in an educational program? Yes No

If yes, describe _____

Parent/Guardian Name _____ Home Phone _____
Address _____ Work Phone _____
 _____ Cell Phone _____
 _____ Email _____
 _____ Age _____

Employer _____ Full Time? Yes

High School diploma or GED? Yes No

Other education _____

Currently enrolled in an educational program? Yes No

If yes, describe _____

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

Child Name _____ Days/Hours _____

Child Name _____ Days/Hours _____

Provider Information

Name _____

Address _____

Phone # _____

Child is currently enrolled Yes

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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Please fill out for each job and adult in the home that receives an income.

Employer Name _____ Phone _____
Hourly Wage _____
Average Hours/Month _____
Average Gross Monthly Wages _____ Average Tips (if applicable) _____

How often are you paid Monthly Weekly Twice a Month

Employer Name _____ Phone _____
Hourly Wage _____
Average Hours/Month _____
Average Gross Monthly Wages _____ Average Tips (if applicable) _____

How often are you paid Monthly Weekly Twice a Month

Employer Name _____ Phone _____
Hourly Wage _____
Average Hours/Month _____
Average Gross Monthly Wages _____ Average Tips (if applicable) _____

How often are you paid Monthly Weekly Twice a Month

Other Sources of Household Income

Grants/Scholarships	<input type="checkbox"/>	\$ _____ per month
Child Support	<input type="checkbox"/>	\$ _____ per month
TANF	<input type="checkbox"/>	\$ _____ per month
Social Security	<input type="checkbox"/>	\$ _____ per month
Unemployment	<input type="checkbox"/>	\$ _____ per month
Family Support	<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

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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 Estes Valley Investment in Childhood Success. I also understand that assistance will be terminated if I fail to pay the parent fee 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, 600 S. St. Vrain Ave., # 200, Aspenwood Professional Bldg
or email to Carlie Bangs at cbangs@evics.org.

For questions or assistance please call 586-3055.



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EVICS Office Use Only

Family Name and # _____
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