

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 or Educational Program: _____

Parent/Guardian Name 2: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Email: _____

_____ Age: _____

Employer or 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: _____

Estes Valley Investment in Childhood Success

CHILD CARE SCHOLARSHIP FUND

Reason Child Requires Care:

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

Days/Hours Care Needed:

Child: _____ Days/Hours: _____

Child: _____ Days/Hours: _____

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:

Estes Valley Investment in Childhood Success

CHILD CARE SCHOLARSHIP FUND

Employer Name (Parent 1): _____ Phone #: _____

Hourly Wage: _____

Average Hours/Month: _____

Average Gross Monthly Wages: _____

How often are you paid: Monthly

Weekly

Twice a Month

Employer Name (Parent 2): _____ 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 \$ _____ per month

Child Support \$ _____ per month

TANF \$ _____ per month

Social Security \$ _____ per month

Unemployment \$ _____ per month

Family Support \$ _____ per month

Other (describe) \$ _____ 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 _____

Estes Valley Investment in Childhood Success

CHILD CARE SCHOLARSHIP FUND

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, 600 S. St. Vrain Ave., # 200, Aspenwood Professional Bldg.
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: