

Storey County ECE Scholarship Application

Applicant Information

Full Name of Applicant: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Please only list children (0-5) who you are requesting funding for:

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Household Information

Employment Status: _____

Household Size: 1 2 3 4 5 6 7 8 9 10

Monthly Household Income: _____/month

Have you applied for a Child Care Subsidy through the Children's Cabinet? Yes No

Date Last Applied: _____

Outcome: _____

Have there been any changes to household size, income, or employment/school status since applying for a Child Care Subsidy through the Children's Cabinet?

No Yes

If yes, please explain:

Statement of Need

How will this scholarship help?

Child Care Information

Name of licensed child care center where the child/ren will be or is enrolled: _____

Center Address: _____

Mailing Address (if different): _____

Phone Number: _____ Your Family's Tuition Cost: _____ (Please list per child).

Amount of assistance are you requesting monthly: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

- If this application leads to financial assistance, I understand that I am responsible to update Community Chest of any changes to family income, employment status, child care center changes, or scholarship needs within two weeks of occurrence.
- I understand that funding is limited and is only guaranteed as long as funds are available.
- I agree to participate in any requests for updates to determine ongoing eligibility.

Signature

:

Date

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Office Use Only: ____ Storey County Resident ____ Proof of income ____ Subsidy ____ Center Information and confirmation	Date Received _____ Assistance amount _____ Start date _____ Approved by _____
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