𝒜PPLICATION

Tell us something about yourself

Parent Name _____

Social Security # __ __ __-__ __-__ __ __ __

Address_____

_____

Home Phone_____

Cell Phone _____

Email _____

Occupation _____

Employer Name _____

Employer Address _____

_____

Employer Phone _____

How many parents_____ and dependent children _____ live in your household?

I attest that all I submit is true and I understand that in order to qualify for a scholarship my child must be enrolled in an OCFS regulated child care program. I also understand that as many as three of my children may receive scholarships.

_____

Your Signature   Date

Submit Signed Application and Documents
By April 20, 2007 to:

Child Care Council of Westchester, Inc.

470 Mamaroneck Avenue
White Plains, NY 10605

Westchester County
Child Care Scholarship
June 1, 2007 – May 31, 2008

Tell us about your financial situation

What was your gross household income in 2006?

$_____ (Attach copy of 2006 tax return)

What was the total amount of child support received

in 2006? $_____

What is your average monthly gross income in 2007?

$_____(Attach four consecutive weeks of pay stubs)

If a parent of one or more of your dependent children

lives with you, what was his/her gross income in 2006?

$_____

What is his/her average monthly gross income in 2007?

$_____(Attach four consecutive weeks of pay stubs)

If any of your dependent children living at home work,

what is their combined average weekly income for 2007?

$_____ (Attach four consecutive weeks of pay stubs)

Did you apply for and receive the Earned Income Tax

Credit for 2006? Circle One: Yes   No

Did you receive a DSS Subsidy Denial letter in 2006?

Circle One: Yes   No   (If yes, attach copy)

Submit Copies of The Following Documents
Documents Will NOT Be Returned

Signed Copy of Your 2006 Tax Returns
Four Consecutive Weeks of Your 2007 Pay Stubs
Four Consecutive Weeks of 2007 Pay Stubs of
Your Child's Other Parent (if living with you)
Proof of Residency (rent or telephone bills)
DSS Denial Letter (only if applicable)
Signed and Completed Application

Tell us about your children up to age 20 who are living in your home, starting with your youngest child first.

Name of child #1:_____

Birth Date:_____

In Child Care or After School Program? Yes   No

Program Name: _____

Program Address:_____

_____

Type of care: (see codes below) _____

Hours/Week: _____Weekly Cost: $_____

Name of child#2 _____

Birth Date _____

In Child Care or After School Program? Yes   No

Program Name: _____

Program Address:_____

_____

Type of care: (see codes below) _____

Hours/Week: _____Weekly Cost: $_____

Name of child #3:_____

Birth Date:_____

In Child Care or After School Program? Yes   No

Program Name: _____

Program Address:_____

_____

Type of care: (see codes below) _____

Hours/Week: _____Weekly Cost: $_____

Do you have more than three dependent children?
Tell us about them on another piece of paper.

Child Care Codes

A=Head Start	**E**=Family Child Care Provider
B=Family	**F**= Friend/Neighbor
C=After School	**G**=Part Time Nursery School
D=Day Care	**H**=In-Home Child Care