

# The Child Care Tuition Scholarship Application

Please complete one application for each child

**\*PLEASE COMPLETE OTHER SIDE →**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Father's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mother's Home Address: Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Home Address: Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Are you currently employed? Yes  No  Annual Household Income: \$ \_\_\_\_\_

**Permission granted for CCRR to survey employer(s) to assess benefit of program participation**

Mother's Employer \_\_\_\_\_

Address \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_

Father's Employer \_\_\_\_\_

Address \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_

Do you currently have a child care Provider or Program? Yes  No

Name of child care provider **and** program \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Program Director \_\_\_\_\_

Days **and** hours your child attends \_\_\_\_\_

Tuition \_\_\_\_\_ Hourly, Daily, Weekly or Monthly \_\_\_\_\_

**\*Please submit required documentation for each parent in order to determine income eligibility for the Child Care Tuition Scholarship. Application must be completely filled out to enter lottery.**

- Copy of 2017 Federal Tax Return
- 4 Weeks of Pay Stubs
- Letter from employer stating length of employment, days, hours and salary
- Proof of disability income and/or unemployment insurance if applicable

**\*If you have not filed a Federal Tax Return and do not have proof of income, please submit the following:**

- Letter from employer stating length of employment, days, hours and salary
- Letter from you indicating unemployment status

If you need help completing this application see your child care provider/program or call Christina Espindola

845-425-0009 x 610.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit your application and proof of eligibility to:

Christina Espindola  
Resource & Referral Coordinator  
Child Care Resources of Rockland, Inc.  
235 North Main Street, Suite 11  
Spring Valley, NY 10977  
(845) 425-0009 x610  
Fax: (845) 425-5312  
[christinae@rocklandchildcare.org](mailto:christinae@rocklandchildcare.org)

## For Official Use Only

Application sent: \_\_\_\_\_  
Completed application received: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Program Contact Person: \_\_\_\_\_  
Date Agreement Sent: \_\_\_\_\_  
Date Agreement Received: \_\_\_\_\_

## Child Care Tuition Scholarship Survey

\*Please complete the following questionnaire\*

1. Is your child currently in a child care program?      Yes       No
2. Why does your child need child care? \_\_\_\_\_  
\_\_\_\_\_
3. Would you change your child care program, if you qualified for the Child Care Tuition Scholarship?    Yes     No  (If yes, explain why in the comment section below.)
4. How many children are in your family? \_\_\_\_\_  
List their ages \_\_\_\_\_
5. How many children need child care? \_\_\_\_\_
6. Age of Parent(s) Legal Guardian(s). Check the appropriate box below.

Age	Mother	Father
13 – 19		
20 – 34		
35 – 54		
55 and above		

7. How did you learn about the Child Care Tuition Scholarship Program? Check all that apply:

United Way		DSS	
Newspaper		Friend	
House of Worship		Family Resource Center	
Child Care Provider		CCRR Website	
Child Care Resources of Rockland		Other	

Comments:

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**(Please complete the application on the other side)**



235 N. Main St., Ste.11 / Spring Valley, NY 10977  
 Phone (845) 425-0009 Toll Free (877) 425-0009 Fax (845) 425-5312  
 Business Hours: Mon-Fri 8:30am-5:00pm  
 Email [info@rocklandchildcare.org](mailto:info@rocklandchildcare.org)  
 Website [www.childcarerockland.org](http://www.childcarerockland.org)

