

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 to determine income eligibility for the Child Care Tuition Scholarship. Application must be completely filled out to enter lottery.**

- Copy of 2025 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 Vicky Saravia at 845-425-0009 x458.

Signature _____ Date _____

Submit your application and proof of eligibility to:

Vicky Saravia, Resource and Referral Coordinator
Child Care Resources of Rockland, Inc.
40 Ramland Road, Suite 209
Orangeburg, NY 10962
(845) 425-0009 x458
Fax: (845) 425-5312
info@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:

(Please complete the application on the other side)



40 Ramland Road, Suite 209, Orangeburg, NY 10962
 Phone: (845) 425-0009 Toll Free: (877) 425-0009 Fax: (845) 425-5312
 Business Hours: Monday-Friday 8:30am-5:00pm
 Email: info@rocklandchildcare.org
 Website: www.childcarerockland.org

Stay informed @ccrrockland

