

**Thank you for your interest in the
Child Care Council of Westchester, Inc. Scholarships**

Early Opportunity Scholarship (EOS)

July 1, 2018 to June 30, 2019

Read below for information on eligibility and the scholarship process.

2018-2019 Early Opportunity Child Care Scholarship Application

The families with infants and toddlers (under the age of 3 years old) will receive priority for the scholarship.

If funds are available, families with preschool age children (3- 4 years old who are not yet in elementary school) will be considered next. If there are still funds available, families with school age children (5 – 12 years old) will be considered.

The Early Opportunity Scholarship (EOS) is...

Administered by the Child Care Council of Westchester, Inc. Awards are based on child's age, household size, family income, and type of care being used.

This scholarship helps cover the costs for 10 to 12 months (July 1, 2018 – June 30, 2019) of **full time** infant, toddler, pre-school and part time school age child care.

The EOS Award can only be used at an OCFS regulated child care program that is nationally accredited; has participated in one of the Council's quality improvement projects in 2013, 2014, 2015, 2016 or 2017 and received a high rating in one of their classrooms; has participated in the QualityStarsNY program in 2015 or 2016 and received a high rating; or will agree to participate in an Environment Rating Scale program with the Council to be completed by July 2019.

Factors that determine who will receive an Early Opportunity Scholarship (EOS) are...

Family income, family size and child's age.

Families who meet the eligibility guidelines.

Awards are made based on age of child, financial need, and program requirements.

The families with infants and toddlers (under the age of 3 years old) will receive priority for the scholarship.

If funds are available, families with preschool age children (3- 4 years old who are not yet in elementary school) will be considered next.

If there are still funds available, families with school age children (5 – 12 years old) will be considered.

Timeline for application process

- **Deadline for receipt of application at the Child Care Council of Westchester:
5:00 pm Wednesday, May 16, 2018 (in office, not postmarked)**
- Review of applications by June 8, 2018
- Notification to applicants by mail week of June 18, 2018 regarding application status

Scholarships Amounts and Payment

Scholarships are based on child's age as of July 1, 2018; school age children's age by September 1, 2018. The award amounts are \$2,000 to \$5,100 for 12 months or \$1,500 to \$4,250 for 10 months. See chart below for specific rates per child's age. Payments are made directly to the OCFS regulated program.

If the total monthly program fees are less than the award amount, your scholarship will not be more than the amount charged by the program.

If your child attends for less than 15 days, the scholarship will be prorated.

Monthly payments are made directly to the eligible child care program that your child attends. Parents are responsible to pay the remainder of tuition not covered by the scholarship.

| Rate Chart for July 2018 to June 2019 | Monthly Rate | Daily Rate* | Total Annual Award for 12 Months | Total Annual Award for 10 Months (opted out summer care). |
|---|-----------------|----------------|-------------------------------------|--|
| Infants (Children under 2 years old (as of July 2018) | | | | |
| Center Based Care & Family Home Based Care | \$425.00 | \$19.32 | \$5,100.00 | \$4,250.00 |
| Toddlers (Children 2 years old as of July 2018) | | | | |
| Center Based Care & Family Home Based Care | \$425.00 | \$19.32 | \$5,100.00 | \$4,250.00 |
| Preschoolers (Children 3 & 4 years old as of July 2018) | | | | |
| Center Based Care & Family Home Based Care | \$250.00 | \$11.36 | \$3,000.00 | \$2,250.00 |
| School Age (Children entering into Kindergarten to 12 years old as of September 2018) | | | | |
| Center, School Age Programs & Family Home Based Care | \$167.00 | \$7.59 | \$2,004.00 | \$1,503.00 |
| *If child care program/provider does not charge parents for absences, daily rate will be changed for days child attended, even if only absent for 2 days. | | | | |

Eligibility Requirements

1. Applicants (both parents/adults in household) must live in Westchester County and **be employed full time** (minimum of 30 hours per week).
2. Children **must** be enrolled in a Westchester County OCFS regulated child care program that is nationally accredited; has participated in one of the Council's quality improvement projects in 2013, 2014, 2015, 2016 or 2017 and received a high rating in one of their classrooms; has participated in the QualityStarsNY program in 2015 or 2016 and received a high rating; or will agree to participate in an Environment Rating Scale program with the Council to be completed by July 2019.
 - a. For information on programs that meet this criteria, call 914-761-3456 x 140.
3. Infants, toddlers and preschoolers must attend care **on a full time basis**, minimum of 30 hours/week, and the child must be old enough to legally begin child care on July 1, 2018.
4. School age children must attend care on a part time basis **for 5 days a week**, a minimum of 10 hours a week.
5. Your household gross annual income must be within the income eligible guidelines listed below:

| Family Size | Income Range |
|-------------|-----------------------|
| 2 | \$32,921 - \$54,318 |
| 3 | \$41,561- \$63,587 |
| 4 | \$50,201 - \$67,770 |
| 5 | \$58,841- \$79,434 |
| 6 | \$67,481 - \$91,098 |
| 7 | \$ 76,121 - \$102,762 |

6. You may not receive or be eligible for any financial assistance for child care through the Department of Social Services.
7. The award can be used for care from July 2018 to June 2019 **OR** September 2018 to June 2019 (opt out for July/August). You may not use the scholarship for care only from July – August (the Council has the right to request the funds be returned if the scholarship is only used for the summer.)

Helpful information to complete the application:

Household/family size defined:

| Situation | Included in Family Unit |
|---|--|
| An unmarried individual residing together with his/her own children | All individuals are part of the unit |
| Unmarried individuals residing together with his/her own children and/or children in common | All individuals are part of the family unit |
| Parent under age 21 residing with his/her parents | Parent and child are the family unit, not the grandparents |
| Unmarried individuals residing together and no children in common | Each parent/caretaker is considered a separate family unit with his/her own children |

An adult is considered to be any person 18 years of age or older unless the individual meets the definition of a child with special needs. Adult children over the age of 21, living in the household, are not included in determination of family size. If one or both parents are disabled, proof of disability is required.

Child support:

Child support received is included in family income. Proof of **receipt** of child support monies is required.

Maximum # of children who can receive the Early Opportunity Scholarship (EOS)

You can receive an Early Opportunity Scholarship (EOS) for up to three (3) children.

What if my child is not currently attending a registered or licensed child care program that meets the Early Opportunity Scholarship (EOS) requirements?

We would like to see all children in quality child care. Consequently, the Scholarship committee has decided that only programs that have or will agree to participate in a Child Care Council of Westchester, Inc. quality improvement project, participated in QualityStarsNY, or are nationally accredited are eligible for the scholarships. Therefore, if you meet the other eligibility requirements, we encourage you to apply with the understanding that your child must be enrolled in a program that meets the requirements of the Early Opportunity Scholarship (EOS) in order for you to receive the scholarship. You can contact the Council's Referral Department to help you find new child care options that you may not have been aware of. Call 914-761-3456 x 140 to reach the Council's Referral Department. Your current program may also contact the Council to discuss how to participate in a quality improvement program in order to be qualified for the scholarship. Please contact Nicole Masucci nicolem@cccwny.org or 914-761-3456 ext. 139 for more details.

Parents with disabilities:

Consideration is given to households where one parent is disabled and full time child care makes it possible for a second parent to work full-time.

Steps to Apply:

1. Complete pages 6 to 12. Answer all questions that are applicable to you and your family.
2. Submit require documents with application
3. Mail or hand deliver application and all required documents by May 16, 2018 (in office, not postmarked)

Child Care Council of Westchester
313 Central Park Avenue
Scarsdale, NY 10583
Attn.: 2018 Scholarships

Emails and Faxes
ARE NOT ACCEPTED

Questions: Call Nicole Masucci at 914-761-3456 ext. 139 / email nicolem@cccwny.org or
Arlene Leuzzi at 914-761-3456 ext. 121 / arlenel@cccwny.org

The following documents must be submitted with your application:

1. **Proof of gross income for all employed family members which includes:**
 - Four (4) consecutive, recent pay stubs if paid weekly (*Including Dates, Name, Employer, Gross Income*) **OR**
 - Two (2) consecutive, recent pay stubs if paid bi-weekly (*Including Dates, Name, Employer, Gross Income*) **AND**
 - Documentation of Any and All Other Income
2. **Proof of residency, including Name and Address** (Example: A copy of a recent electric bill or cable bill)
3. **Proof of child support** currently being received (A recently dated letter from parent providing child support indicating the child(ren) and the total amount being paid for each child and frequency. If you cannot obtain a letter, you may submit bank statements, copies of deposits, etc. that show the amount of support currently being received.)
4. **Proof of Child's Age:** Birth Certificates for all children applying the scholarships.

Incomplete applications will not be considered.
Send photocopies, as documents will not be returned.

2018-2019 APPLICATION Child Care Council of Westchester, Inc. Scholarships

Deadline for Receipt of Application:

5:00 P.M. – Wednesday, May 16, 2018 (in office, not postmarked)

ALL SECTIONS MUST BE COMPLETED

Applicant Information

| | |
|-------------------------------|---|
| <u>PRINT LEGIBLY!</u> | Both parents must be listed on the application if they live in the household. |
| First Name (parent #1) | |
| Last Name (parent #1) | |
| First Name (parent #2) | |
| Last Name (parent #2) | |
| Street Address | |
| City, ST ZIP Code | |
| Cell Phone | |
| Home/Work Phone | |
| E-Mail Address | |
| Mailing Address, if different | |

Marital Status

Are you?

| | | |
|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Single or Separated | <input type="checkbox"/> Other |
|----------------------------------|--|--------------------------------|



Child Care Scholarship for July 2018 to June 2019 the Early Opportunity Scholarship

Household Information

LIST EVERYBODY WHO LIVES WITH YOU.

| Relationship to you | First Name | Last Name | Date of Birth | Sex M or F | I would like the scholarship to cover care for this child? |
|---------------------|------------|-----------|---------------|---------------|--|
| Self | | | | | Yes or No |
| | | | | | |
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Your Income Information

| | | | | |
|--|---|---|--|----------------------------------|
| Your Name: | | | | |
| Employer: | | | | |
| Occupation: | | | | |
| How much are you paid (gross income before taxes)? | \$ | | | |
| How often are you paid? | <input type="checkbox"/> Weekly | <input type="checkbox"/> Every other week | <input type="checkbox"/> Twice a Month | <input type="checkbox"/> Monthly |
| How many hours do you work? | | | | |
| Do you have any other jobs? | <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes please provide the same information as above | | | |

Check if you do not have a spouse
 Check if the 2nd parent does not live in the same household as the child

Income Information – Spouse or Parent #2; if living in same household as child

| | |
|---|---|
| Spouse/Parent #2 Name: | |
| Employer: | |
| Occupation: | |
| How much are they paid (gross income before taxes)? | \$ |
| How often are they paid? | <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly |
| How many hours do they work? | |
| Do they have any other jobs? | <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes please provide the same information as above |

Other Income Information

| Income | Yes/No | If yes, how much & how often (weekly/monthly)? Attach Proof |
|--|--|--|
| Do you current receive child support? | <input type="checkbox"/> No <input type="checkbox"/> Yes | \$ |
| Do you or your children current receive SSI? | <input type="checkbox"/> No <input type="checkbox"/> Yes | \$ |
| Do you have any other income? | <input type="checkbox"/> No <input type="checkbox"/> Yes | \$ |

Department of Social Services assistance

| Income | Yes/No | |
|--|--|---|
| Do you currently receive child care subsidy from the Department of Social Services? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Comment: |
| Have been denied child care subsidy from the Department of Social Services in the past 3 months? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, when? <hr/> Attach denial letter |

Child Care Scholarship for July 2018 to June 2019 the Early Opportunity Scholarship

Child Care Provider/Program

| Child must be enrolled by July 1, 2018 or September 1, 2018 | | | | |
|--|------------------------------|---|-------------------------------|--|
| Child's First Name | Program/Provider Name | Program Address (where the care is provided) | License/Registration # | I do not currently have a child care provider/program: |
| | | | | <input type="checkbox"/> I do not have child care <input type="checkbox"/> Please contact me to help me find child care |
| | | | | <input type="checkbox"/> I do not have child care <input type="checkbox"/> Please contact me to help me find child care |
| | | | | <input type="checkbox"/> I do not have child care <input type="checkbox"/> Please contact me to help me find child care |
| | | | | <input type="checkbox"/> I do not have child care <input type="checkbox"/> Please contact me to help me find child care |

Your Child's Schedule in Care

| Child's First Name | What is the total # of hours in care <u>per week</u>? | What is the total # of days in care <u>per week</u>? | I would like the scholarship to cover: Choose One | How much are you currently paying for child care a <u>week</u>? |
|---------------------------|--|---|---|--|
| | | | <input type="checkbox"/> July '18 to June'19 <input type="checkbox"/> September '18 to June' 19 (summer opt-out) | |
| | | | <input type="checkbox"/> July '18 to June'19 <input type="checkbox"/> September '18 to June' 19 (summer opt-out) | |
| | | | <input type="checkbox"/> July '18 to June'19 <input type="checkbox"/> September '18 to June' 19 (summer opt-out) | |
| | | | <input type="checkbox"/> July '18 to June'19 <input type="checkbox"/> September '18 to June' 19 (summer opt-out) | |

*** The Council understands that some families may choose a non-OCFS regulated care for the summer, July & August (such as a day camp). Therefore, you may opt-out of the scholarship for these months and except a prorated scholarship for September 2018 to June 2019. Also, you may not use the scholarship only for care during July – August. If you accept the scholarship and then end it in September, the Council has the right to request the funds be returned if the scholarship is only used for the summer.

Other Child Care/Early Care & Education Assistance

Income

Yes/No

| | | |
|--|--|---------------------------|
| Are you applying for any free programs, such as Pre-k or UPK, for the September 2018 school year? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, explain? _____ |
| Are you receiving any financial assistance to help pay for child care (i.e. discounted rate from child care program, another scholarship, family assistance) | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, explain? _____ |

Child Care/Early Care & Education Information

What type of child care are you currently using for the children who would receive this scholarship

| (check all that apply) | Child #1 | Child #2 | Child #3 |
|--|----------|----------|----------|
| Licensed child care center | | | |
| Family child care provider (registered or group) | | | |
| Part day nursery school | | | |
| Public school Pre-k | | | |
| After school/School-age program | | | |
| Head Start program | | | |
| Friend or neighbor | | | |
| Family member | | | |
| In-home child care/nanny | | | |
| Babysitter | | | |

Child Care Council Scholarship

Have you previously received a child care scholarship through the Child Care Council?

No Yes

If yes, when? _____

Tell us how you heard about the Council's scholarship program

- Email from the Council
- Council's Website
- Council's Newsletter
- Previous Recipient
- Social Media (Facebook, Twitter, etc.)

- Child Care Program/Provider
- Family/Friend
- Community Organization
- Public School
- Other

- Pediatrician
- Newspaper
- Flyer

Tell us why you should receive this scholarship

Summarize how the Council's Early Opportunity Scholarship would help your child and family if you were to receive it.

Checklist of attached required documents:

Check off the items you are submitting that are required to complete your application.

I have answered all questions/sections on pages 6 thru 11

I have read and signed the agreement on page 12

I have submitted a **Proof of Income** for myself and if applicable, for my spouse and/or parent #2.

A month's worth of income that could include:

- 4 consecutive, recent paystubs if paid weekly
- 2 consecutive, recent paystubs if paid bi-weekly
- Documentation of ANY & ALL income

OPTIONAL – This will not impact your application or eligibility to receive this scholarship.

Submit a photo or video. Share why having a scholarship for child care would make a difference. Submit it to nicolem@cccwny.org and complete the Photography and Video Release Form. This will be used to help solicit future funding for our child care scholarship.

Child Care Scholarship for July 2018 to June 2019 the Early Opportunity Scholarship

Agreement and Signature

I certify that I have read the 2018 Early Opportunity Scholarship application, including the information on eligibility, length of scholarship and how the scholarship works.

I certify that all of the information I have provided is true and correct to the best of my knowledge.

I understand if my income, residency, or child care provider changes, I must notify the Council immediately.

I understand that if my child care cost is less than the scholarship monthly rate, the scholarship will not be provided.

I understand that the Child Care Council of Westchester may request any additional information to verify or provide clarity mentioned above.

I understand that if my program does not fulfill their requirements they may be required to return the scholarship paid.

I certify that I have or will provided truthful and accurate information to the child care program/provider that I have chosen to care for my child(ren).

Falsification of the information shall result in termination of the scholarship.

| | |
|-----------------------------|--|
| Name (printed) of Parent #1 | |
| Signature of Parent #1 | |
| Date of Parent #1 | |
| Name (printed) of Parent #2 | |
| Signature of Parent #2 | |
| Date of Parent #2 | |

Submit Application to:

The Child Care Council of Westchester
313 Central Park Ave, Scarsdale, NY 10583
914-761-3456 ext 139 or ext 121

Emails and Faxes
ARE NOT ACCEPTED

DEADLINE
Wednesday
May 16th at
5pm

Photograph and Video Release Form

Use if you are choosing to submit a photograph or video.

Subject/event: **Child Care Scholarship Fundraising**

I grant the Child Care Council of Westchester, its representatives and employees, the right to use the photographs or video footage of myself and my child(ren) that I am providing in connection with the above-identified subject or event.

I authorize the Child Care Council of Westchester to use and publish the same in print and/or electronically, for any lawful purpose, including, for example, such purposes as marketing, publicity, advertising, illustration, Web or Facebook content.

I have read and understand the above:

Name of child(ren) _____

Name of parent or guardian (please print): _____

Signature of parent or guardian (please sign): _____

Date _____

In addition, I grant the Child Care Council of Westchester permission to include the name of my child(ren) and I when using images for the above-mentioned purposes.

Signature of parent or guardian: _____

Thank you!