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Valley of the Sun United Way

Quality First Child Care Scholarship Program
Child/Family Application

Primary Parent/Guardian Name _____ Street Address _____

City _____ Zip code _____ Telephone # _____

Mailing address *(if different from above)* _____

Email Address *(if applicable)* _____

_____ Total number of parents/guardians in household

_____ Total number of children in household

Amount of Gross Income for the most recent month for each parent in household *(please select all sources that apply)*

Name: Parent/Guardian #1	Name: Parent/Guardian #2
_____ Wages from paid employment	_____ Wages from paid employment
_____ Child support payments	_____ Child support payments
_____ Spousal maintenance *(alimony)*	_____ Spousal maintenance *(alimony)*
_____ Government payments	_____ Government payments
_____ Unemployment payments	_____ Unemployment payments
_____ Other (please describe below)	_____ Other (please describe below)
_____	_____

1. Please select any programs your family is currently participating in:

_____ N/A _____ AHCCCS _____ DES Child Care Waiting List _____ Free or Reduced Lunch

_____ Food Stamps _____ HUD Housing _____ DES Child Care _____ WIC

_____ Headstart Programs _____ KidsCare Other _____

2. Please indicate if you have experienced any changes in income in the last 90 days:

_____ N/A _____ Loss of Job _____ Reduced Government Supports

_____ Pay Decrease _____ Pay Increase _____ New Job Other _____

3. Please check all that apply and complete the number of hours per week spent performing that activity:

Looking for a job _____hours per week Working for pay _____hours per week

In class or studying _____hours per week (verification required)

4. If a spouse or significant other is also part of the household, please check all that apply and complete the number of hours per week the spouse or significant other spent performing that activity:

_____ N/A In class or studying _____hours per week (verification required)

Looking for a job _____hours per week Working for pay _____hours per week

5. Please list the names, birth dates and any special needs for each scholarship child who will be attending. Only two (2) scholarships are permitted per household.

Child's Name	Child's Date of Birth	Indicate if Child Has Any Special Needs

Declarative Statement:

I affirm that the above information is true and correct to the best of my knowledge. I understand that my personal information contained on this application will be made available to the Regional Scholarship Program funding source. I also understand that scholarship funding is temporary in nature and that I may be liable for any dollars received based on false information.

First Things First child care scholarships are awarded to the child care provider to be distributed to eligible parents by the child care provider. The provider is responsible for handling any questions or issues that might arise. If you have any questions regarding the scholarship program or the rules/regulations of your child care provider, please consult the provider's parent handbook (if applicable) or ask your child care provider.

_____
Signature

_____
Printed Name

_____
Relationship to Child

_____
Date

For Completion by Child Care Provider

_____ All items in application are completed

_____ Child's age verified

_____ Child's citizenship/legal residency verified

_____ Family income verified

_____ Parent(s) school/training enrollment verified

(refer to Questions 3-4 on Family Application)

_____ Initials

_____ Date

Notes: _____
_____
_____