



## Childcare Financial Assistance Application

Date of application: \_\_\_\_\_

### Self/Parent/Guardian Information:

Self/Mother/Guardian

Self/Father/Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Marital Status \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status \_\_\_\_\_ Zip: \_\_\_\_\_

### Dependents:

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

**Financial Information:**

**I: Income (please list all sources including state and local assistance and other agencies or organizations):**

	<u>Mother/Guardian/Self</u>	<u>Father/Guardian/Self</u>
	<u>(\$ per month)</u>	
1. Gross wages:	_____	_____
2. Social Security:	_____	_____
3. Unemployment Compensation:	_____	_____
4. Workers Comp:	_____	_____
5. Pensions:	_____	_____
6. Disability:	_____	_____
7. Alimony and/or Child Support:	_____	_____
8. Public Assistance (List sources):	_____	_____
	_____	_____
9. Other (rents,		
10. Family, etc):	_____	_____
	_____	_____
11. Interest and/or Dividends:	_____	_____
<b>TOTAL:</b>	_____	_____

**II: Liquid assets:**

<b>Checking Accts:</b>	_____	_____
	_____	_____
<b>Savings Accts:</b>	_____	_____
	_____	_____
<b>Stocks/Bonds:</b>	_____	_____
	_____	_____
<b>Property other than Primary residence:</b>	_____	_____
	_____	_____
<b>TOTAL:</b>	_____	_____

**Please provide most recent official bank statements.**

### III: Family Assets

**A: Real Estate**

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1) Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Estimated Value: \$ \_\_\_\_\_ Year of purchase: \_\_\_\_\_  
 Equity: \$ \_\_\_\_\_ Mortgage: \$ \_\_\_\_\_

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2) Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Estimated Value: \$ \_\_\_\_\_ Year of purchase: \_\_\_\_\_  
 Equity: \$ \_\_\_\_\_ Mortgage: \$ \_\_\_\_\_

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**B: Motor Vehicles**

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1) Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_  
 Market Value: \$ \_\_\_\_\_

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2) Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_  
 Market Value: \$ \_\_\_\_\_

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### IV: Family Liabilities

<u>Date</u>	<u>Amount of Debt</u>	<u>Source of Debt</u>	<u>Balance Due</u>	<u>Monthly Payment</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total Payment On Liabilities**      \$ \_\_\_\_\_  
 (Also enter this figure on line 5 in Basic Expenses)

### V: Basic Expenses (monthly)

- 1. Rent/Mortgage (include property taxes & insurance) ... \$ \_\_\_\_\_
- 2. Utilities (include heating)..... \$ \_\_\_\_\_
- 3. Food..... \$ \_\_\_\_\_
- 4. Phone ..... \$ \_\_\_\_\_
- 5. Payment on recurrent debt ..... \$ \_\_\_\_\_
- 6. Medical & Dental expenses ..... \$ \_\_\_\_\_
- 7. Child Support (order of court) ..... \$ \_\_\_\_\_
- 8. Clothing ..... \$ \_\_\_\_\_
- 9. Insurance Premiums ..... \$ \_\_\_\_\_
- 10. Transportation (include auto insurance) ..... \$ \_\_\_\_\_

- 11. Child care/tuition other than CCDC/YMCA..... \$ \_\_\_\_\_
- 12. Entertainment ..... \$ \_\_\_\_\_
- 13. Other Education Expense ..... \$ \_\_\_\_\_
- 14. \_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

**VI: Summary**

- A. Total Monthly Net Income (all sources) ..... \$ \_\_\_\_\_
- B. Total Cash Value of All Assets ..... \$ \_\_\_\_\_
- C. Total Liabilities ..... \$ \_\_\_\_\_
- D. Total Monthly Expenses ..... \$ \_\_\_\_\_

**VII: Scholarship Request For The Year**

\$ \_\_\_\_\_ (Please indicate the amount you are requesting)

**VIII: Other Scholarships**

If you have requested or are receiving any other scholarship assistance please describe:

Scholarship _____	Amount Requested _____	Amount Received _____
Scholarship _____	Amount Requested _____	Amount Received _____
Scholarship _____	Amount Requested _____	Amount Received _____

**IX: Tax Returns**

Attach copies of current year's Federal tax return form 1040, 1040A or 1040 EZ and supporting W2 forms. If separated or divorced please include both parents'/guardian's Federal tax returns and W2 forms if possible. If current tax return has not been filed yet, please attach a copy of your last year's tax return in addition to copies of current year's W2 forms and your filing of estimated liability for the current year.

**X: Narrative**

Please attach a detailed narrative explaining your current situation and the benefit that will be received if financial assistance is provided. Address what services, if any, would be used in the event that financial aid is not provided; and as a result, attendance in our program would not be possible. Please include any additional information you feel would be helpful to us in making a decision regarding your application for scholarship.

**XI: The applicant certifies that the above statements are true and complete and authorizes verification by Children’s Community Development Center and the Westport-Weston United Way Childcare Scholarship Committee.**

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**Signature of applicant(s)**

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**Date**

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**Signature of applicant(s)**

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**Date**

**If There Is Any Change In Your Status Upon Completion Of This Application, You Must Contact Us.**

All scholarship decisions are made without regard to race, creed, color, religion, or national origin. Information is kept confidential.

This award is good for one year. It is your responsibility to reapply each year.

Please allow at least three weeks for processing.

**The Westport-Weston United Way Childcare Scholarship Committee will review scholarship applications.**

**Financial Assistance Application Checklist:**

- 1) All five pages are complete.
  - 2) Form is signed and dated by applicant(s).
  - 3) Copy of current tax returns and W2 Form(s) are included.
  - 4) Narrative is included.
- Incomplete applications will not be processed.**

Please return all applications to:

**Children’s Community Development Center**