

{The Valley Child Development Center}

Making Learning Fun. Affordably. Professionally. Happily.

Red Cloud, NE

Early Learning Scholarship Family Application

Date: _____

Parent(s)/Guardian(s) Name(s): _____

Address _____ City _____ State _____ Zip Code: _____

Phone: _____ Email: _____

of adults in your household _____ # of children in your household _____

Child(ren)'s Name (only those attending child care)	Birthdate	Gender	Weekly Rate	Full Time / Part Time (Check)	Race (Check)	Ethnicity (Check)	Primary Language Spoken at Home	Does the child have special needs?*
				<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Y <input type="checkbox"/> N

*If you indicated one child (or more) has special needs, please describe: _____

Copy of child care subsidy determination letter must be included with application

Reason for not qualifying for State Subsidy: Over income Graduate school Other (please explain below)

Monthly gross income (before taxes) from employment: Adult #1 \$ _____ Adult #2 \$ _____

How often are you paid? Adult #1 _____ Adult #2 _____

Please attach last three paycheck stubs of each adult living in the household. These must be provided to process this application.

Please indicate additional source(s) of income by filling in the amount received per month:

State Assistance \$ _____ ADC Unemployment Other (please specify) _____

Child Support \$ _____ Alimony \$ _____ Food Stamps \$ _____ Housing Assistance \$ _____

Other (Private) \$ _____

Have you received Aid to Dependent Children (ADC) assistance within the last six months? Yes No

Additional information you would like to share to help us determine your tuition assistance: _____

The information I have provided above is accurate to the best of my knowledge. Any discrepancies will affect the tuition assistance I may or may not receive. I also understand that it is my obligation to inform the program of any and all income changes. I understand that by submitting this application that I agree to allow information contained within this document to be shared for purposes of data collection, evaluation, and measuring outcomes. I understand that the information contained will be confidential, secured, protected, and not sold to any third party for any purpose.

Signature: _____

Date: _____