

**Thank you for your interest in the  
Child Care Council of Westchester, Inc. Scholarships  
Future Leader Awards (FLA)  
July 1, 2015 to June 30, 2016**

**Read below for information on eligibility and the scholarship process.**

**Eligibility Requirements**

- 1.** Applicants must live in Westchester County and be employed full time (minimum of 30 hours per week).
- 2.** Children **must** be enrolled in an OCFS regulated child care program that is nationally accredited or has participated in one of the Council's quality improvement projects, or will agree to participate.
  - a. For information on locating an OCFS regulated program and one that is nationally accredited or has participated in the Council's quality improvement projects, 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 be old enough to begin child care on July 1, 2015.
- 4.** School age children must attend care on a part time basis, a minimum of 10 hours a week.
- 5.** Care can be awarded for July 2015 to June 2016 **OR** September 2015 to June 2016 (opt out for July/August).

**The following documents must be submitted with 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.**

**What happens after your application is submitted?**

- Deadline for receipt of application at the Child Care Council of Westchester: 5:00 pm Wednesday, May 27, 2015.
- Review of applications by June 19, 2015
- Notification to applicants by mail week of June 22, 2015 regarding application status
- Award recipients and participating programs **must** return the signed Parent/Program Scholarship Responsibility Agreement to Child Care Council by July 10, 2015 to confirm acceptance of scholarship.

**Do you have questions?**  
Email [nicolem@cccwny.org](mailto:nicolem@cccwny.org)

Is the cost of child care beyond your reach?  
**You may be eligible for a child care scholarship  
between \$2,000 to \$4,000 for one year!**

**2015 APPLICATION for  
Child Care Council of Westchester, Inc. Scholarships**

**Deadline for Receipt of Application: 5:00 P.M. – Wednesday, May 27, 2015**

PRINT LEGIBLY!

**Both parents must be listed on the application if they live in the household.**

Parent #1 First Name:	_____	Last Name:	_____	SS#:	_____
Address:	_____			City:	_____ Zip: _____
Home Phone #:	_____	Cell Phone #:	_____	Email:	_____
Are you?	_____ Single or Separated	_____ Married	_____ Other: _____		
Occupation:	_____		Name of Employer:	_____	
Employer Address:	_____		Employer Phone #:	_____	
How much are you paid (gross income)?	\$ _____				
How often are you paid?	_____ Weekly	_____ Twice a month	_____ Every other week	_____ Monthly	
How Many Hours do you work a week?	_____				

☐ Not Applicable, other parent does not live with me and my child(ren)

**MUST BE COMPLETED if Parent #2 lives in the household**

Parent #2 First name:	_____	Last name:	_____	SS#:	_____
Address:	_____			City:	_____ Zip: _____
Home Phone #:	_____	Cell Phone #:	_____	Email:	_____
Occupation:	_____		Name of Employer:	_____	
Employer Address:	_____		Employer Phone #:	_____	
How much are you paid (gross income)?	\$ _____				
How often are you paid?	_____ Weekly	_____ Twice a month	_____ Every other week	_____ Monthly	
How Many Hours do you work a week?	_____				

**Must Answer ALL Questions!**

Do you receive Child Support?	___ Yes ___ No ___	If yes, how much?	\$ _____ (attach letter)
Do you have any other income?	___ Yes ___ No ___	If yes, how much?	\$ _____
Have you been denied child care subsidy by DSS on or after April 2015?	___ Yes ___ No ___	(attach denial letter)	
How many parents _____ and dependent children _____	live in your household?		
Relationship of applicant to child/ren needing scholarship	_____		

Child(ren):		
Child's Name:	_____	Child's Date of Birth: _____
Child's Name:	_____	Child's Date of Birth: _____
Child's Name:	_____	Child's Date of Birth: _____

**ALL questions must be answered.**Complete for **all** of your children who need child care; **list your youngest child first.**

First Name	Last Name	Requesting Scholarship for*	Days & Hours of Care Needed	Name & Address of Program Where Scholarship Will be Used (child must be enrolled by 7/1/15)
		<input type="checkbox"/> July '15 to June '16 <input type="checkbox"/> Sept '15 to June '16	M/T/W/T/F/S/S # Hours _____ per week	Program Name: _____ Address: _____ City, Zip _____ License/Registration # ** _____ <input type="checkbox"/> I do not have a child care program
		<input type="checkbox"/> July '15 to June '16 <input type="checkbox"/> Sept '15 to June '16	M/T/W/T/F/S/S # Hours _____ per week	Program Name: _____ Address: _____ City, Zip _____ License/Registration # ** _____ <input type="checkbox"/> I do not have a child care program
		<input type="checkbox"/> July '15 to June '16 <input type="checkbox"/> Sept '15 to June '16	M/T/W/T/F/S/S # Hours _____ per week	Program Name: _____ Address: _____ City, Zip _____ License/Registration # ** _____ <input type="checkbox"/> I do not have a child care program

\*The Council understands that some families may choose 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 be awarded a prorated scholarship for September 2015 to June 2016.

\*\* License/Registration # can be provided by your caregiver.

**What type of child care are you currently using for your children listed in the preceding chart?****Check all that apply.**

Type of program	1 <sup>st</sup> child	2 <sup>nd</sup> child	3 <sup>rd</sup> child
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			

**How much do you currently pay for all of your children in child care?**

First Child: \$ \_\_\_\_\_/week or \$ \_\_\_\_\_/month

Second Child: \$ \_\_\_\_\_/week or \$ \_\_\_\_\_/month

Third Child: \$ \_\_\_\_\_/week or \$ \_\_\_\_\_/month

**Have you previously received a child care scholarship through the Child Care Council of Westchester?** \_\_\_\_\_ Yes \_\_\_\_\_ No If so, when? \_\_\_\_\_

**How did you hear about the Scholarship Program? Check one.**

\_\_\_\_\_ Council Email    \_\_\_\_\_ Council Website    \_\_\_\_\_ Previous Recipient    \_\_\_\_\_ Friend    \_\_\_\_\_ Child Care Program  
 \_\_\_\_\_ Pediatrician    \_\_\_\_\_ Public School    \_\_\_\_\_ Newspaper    \_\_\_\_\_ Flyer  
 \_\_\_\_\_ Community Organization    \_\_\_\_\_ Other (describe) \_\_\_\_\_

**Tell us how a Child Care Council of Westchester, Inc. scholarship Future Leader Awards (FLA) will help your child and your family (use the back if necessary):**

---

---

---

---

---

---

---

**Check list for the required documents that must be submitted:**

- Completed pages 2, 3, & 4 of this application
- Signed & Dated page 4
- Submitting
  - Proof of gross income for all employed family members which includes:
    - Four (4) consecutive, recent pay stubs if paid weekly OR
    - Two (2) consecutive, recent pay stubs if paid bi-weekly AND
    - Documentation of Any and All Other Income
- Proof of residency (Example: A copy of a recent electric bill or cable bill)
- Proof of child support currently being received (i.e. letter)
- Proof of Child's Age: Birth Certificates for all children applying the scholarships.

**Required Signature & Statement**

I certify that I have read the 2015 Scholarship application and Frequently Asked Questions that provide 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 certify that I have 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.

_____ Parent #1 Signature	_____ Date of Application
_____ Parent #2 Signature	_____ Date of Application

Bring/Mail application and all required documents to:  
Child Care Council of Westchester, Inc.  
313 Central Park Avenue, Scarsdale, NY 10583  
Attention: Nicole Masucci  
**Deadline: Application must be received at the Council  
By 5:00 pm on May 27, 2015**

# **The Top 7 Tips for a Successful Application for the Child Care Council of Westchester, Inc. Scholarships Future Leader Awards (FLA)**

## **1. Read the Frequently Asked Questions (FAQs)**

The FAQs provide important information regarding eligibility, length of the scholarships and how the scholarships work.

## **2. Follow the directions**

Make sure you answer all the questions on the application accurately and attach the required documentation. When you think you are finished answering all the questions, check it one more time.

## **3. Neatness counts!**

You don't need to complete the application using a computer or typewriter, but a neatly written and legible application assists us when analyzing your information.

## **4. Send in everything at the same time**

Be sure to include all required documentation with your application. Submit a complete, original application by mail or in person.

## **5. Leave enough time to complete the application and submit it by the deadline**

Prepare for the unexpected, such as your car can run out of gas, you have to work late, you didn't get to the Post Office. Don't leave everything for the last minute. If the deadline is 5:00 pm and the application arrives at our office at 5:02, the application is late. Make sure you leave enough time to mail or drop off the original application by the deadline of 5:00 pm Wednesday May 27, 2015.

## **6. Check it, and check it again**

Make sure you have the correct number of paystubs, and all other documentation. Ensure you have identified an OCFS regulated child care program for your child/ren to attend.

If you need assistance locating an OCFS regulated infant, toddler, pre-school program or school age program, call our Referral Department at 914-761-3456 x 140. Mention you are a scholarship applicant. It's ok to apply if your child is not currently in regulated care; just know you **will have to place your child in a regulated program that is nationally accredited or is/has participated in a Council quality improvement program** by July 1, 2015 if you are awarded a scholarship. Make sure the application is filled out completely and signed.

## **7. Have questions?**

Don't be afraid to email us at [nicolem@cccwny.org](mailto:nicolem@cccwny.org) or pick up the phone if you have a question. Call us at 914-761-3456 x 139 Monday through Friday between 9 am and 5 pm.

**This Application consists of 5 pages. Be sure to review all 5 pages prior to submitting your Application.**