

Scholarship Application

Our Mission:

We strengthen and enrich the lives of underserved children and families in Collier County through high quality early childhood education.

- Provide scholarships for children ages birth to 5 years old to ensure access and school readiness
- Emphasize the arts and nature through experiential learning
- Encourage children's innate ability to develop cognitive, physical and social-emotional skills
- Engage families to assure their children's future success

Scholarship Program:

Child's Path is a non-discriminating Collier County non-profit organization that offers partial tuition scholarship assistance for lower income, working families and families experiencing temporary hardship who cannot pay the full amount of the published tuition. The scholarship program will assist tuition for children regardless of race, religion, national or ethnic origin.

Scholarship Process:

- 1) Any families requesting assistance apply for School Readiness services through the Early Learning Coalition of Southwest Florida and provide proof of approval or denial.
- 2) Eligibility is determined by calculating the family's gross income and family size using the Federal Poverty Level (FPL) guidelines and cannot exceed 230% of the FPL. A sliding fee scale will be used to determine the scholarship award based on availability of funds.
- 3) After reviewing the amount of scholarship funds Child's Path will review the applications and determine the amount of scholarship help we are able to provide.
- 4) We expect that families who receive assistance through School Readiness to keep their information and documentation current with the State. If the State stops payment then the family is required to cover the additional costs, in addition to the difference that Child's Path pays.
- 5) All scholarship applications will be reviewed throughout the year. Each family must reapply each year. Usually by August 1st a decision will be made within 14 days from the time of application.
- 6) When there are changes in family income between these periods, the center must be notified, and a scholarship review will be conducted.
- 7) All applicants must sign the Fee Agreement Form to receive the awarded assistance.

A completed scholarship application includes:

- ✓ The Application Form
- ✓ A copy of the most recent federal income tax return(s) of those responsible for the child(ren). (if self-employed)
- ✓ The most recent pay stubs for both parents. (Past 4-6 weeks worth)
- ✓ A letter explaining the circumstances which result in the need and explains the circumstances of the absent parent and child support efforts

Please fill out completely, do not leave any blanks. Incomplete applications will not be considered. Please write none or NA in the space if it doesn't apply to you.. Include information for both parents, even if one parent does not live in the home. This information is confidential and will not be shared with any other organization.

Parent/ Caregiver

Name _____ Date of Birth _____

E-Mail _____ Phone# _____

Residential Address _____

City _____ State _____ Zip Code _____

Mailing Address _____ City _____

_____ State _____ Zip Code _____

Marital Status _____ Are you a student? _____

School Name _____ Credit Hours _____ Days Attending _____

Place of Employment _____ Seasonal ___ Yes ___ No

Rate of Pay _____ Hours _____ Commission/ Average Tips _____

Employer Address _____ Phone # _____ Ext _____

Spouse/Other Parent

Name _____ Date of Birth _____

E-Mail _____ Phone# _____

Residential Address _____

City _____ State _____ Zip Code _____

Mailing Address _____ City _____

_____ State _____ Zip Code _____

Marital Status _____ Are you a student? _____

School Name _____ Credit Hours _____ Days Attending _____

Place of Employment _____ Seasonal ___ Yes ___ No

Rate of Pay _____ Hours _____ Commission/ Average Tips _____

Employer Address _____ Phone # _____ Ext _____

Children in Household

Name	Date of Birth	Need Care
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No

Others Residing in the Household (related and unrelated)

Name	AGE	Relationship to Parent	Employment/School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family & Household

Please include all types of income received, write in the amount received and how often, (weekly, bi-weekly, semi-monthly, monthly, or yearly) and a yearly total. If you do not receive income from any of these circle N and write NONE in the amount column. DO not leave anything blank.

	Type of Income	Amount	How often received	Yearly Total		Type of Income	Amount	How often received	Yearly Total
Y N	Child Support				Y N	Supplemental Disability			
Y N	Food Stamps				Y N	WAGES/TANF			
Y N	Interest/Dividends				Y N	Unemployment			
Y N	Pension/Retirement				Y N	Veteran's Benefits			
Y N	Social Security				Y N	Any other income			

Total Family Size _____ Total Income \$ _____

- ❖ I hereby acknowledge that the information contained within this application is true and factual to the best of my knowledge and that information that is knowingly falsified by me can result in the immediate loss of services through Child's Path.
- ❖ If we do not receive our renewal information by August 1st, your rate will increase to the full tuition.
- ❖ A re-determination of eligibility can occur at anytime. Generally speaking, re-determination will occur every August; however, it may occur more often. Tuition assistance is based on availability of funds and, if qualified, is not guaranteed and subject to change if awarded.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

*At Child's Path, we feel strongly that all children
deserve high-quality early care and education,
despite their income level.*

Office use only:

Material Fee \$100 per child \$ _____ Paid Y/N _____ Regular Tuition: Child 1 \$ _____ Child 2 \$ _____

Start Date _____

Administration Office use:

Scholarship Amount \$ _____, \$ _____ Parent Fee \$ _____, \$ _____

Total Parent Fee \$ _____ per week Material Fee \$ _____

Approved _____ Denied _____ Date _____

Tell us more ...



Please use this page to include any additional information or extenuating circumstances that were not included in this application. If you need more space please attached a separate piece of paper.

If approved for assistance, your story may be shared to our cause. Please inform us of any limitations that may apply to your household. **Have questions?** Give us a call at (239) 643-3908 or e-mail us at info@childspath.org or visit the website www.childspath.org. We look forward to having you as part of our family!