



**SCHOLARSHIP LOTTERY APPLICATION
FOR
July 1, 2011 - June 30, 2012**

Give information only for family members living in your household

	Parent	Parent
Name(s)	_____	_____
Street address	_____	_____
City/State/ Zip Code	_____	_____
Home Tel. #	_____	_____
Work Tel. #	_____	_____
E-mail address	_____	_____

Do you (circle one): Own your home Rent Live with family Other

Marital Status: Single_____ Married_____ Separated or Divorced_____ Widowed_____

Children – please list all children living in your household (even if not requiring child care)

<u>Name</u>	<u>Age</u>	<u>DOB</u>	<u>Days/Hrs. Child Care Needed Per Week</u>	<u>Program/School/Camp Child Does/Will Attend</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please circle the cultural ethnic heritage of your child(ren):

African American Asian Caucasian Hispanic Native American Biracial Other

INCOME INFORMATION

YOU MUST ATTACH A COPY OF YOUR 2010 FEDERAL INCOME TAX RETURN; IF YOU ARE NOT FILING A TAX RETURN FOR 2010, A STATEMENT OF INCOME MUST BE SUBMITTED WITH THIS APPLICATION (i.e.. SSI, SSDI, TANF, etc.).

Your family's adjusted gross income in 2010 _____
Additional income (i.e. child support, social security, pensions) _____
Total 2010 Income/Support _____
Number of family members living on this income _____
What is your expected family income for 2011 _____

WORKING STATUS OF PARENTS - (living in household):

Occupation of Parent _____
Employer Name & Address _____

Do you work (if full-time, mark with an 'X'; if part-time, list hours as requested):
Full Time _____ Part Time (list number of hours per week) _____

Occupation of Parent _____
Employer Name & Address _____

Do you work (if full-time, mark with an 'X'; if part-time, list hours as requested):
Full Time _____ Part Time (list number of hours per week) _____

IF YOU ARE ATTENDING SCHOOL OR A JOB TRAINING PROGRAM

Parent:
Name of School _____
o Attending Full Time _____ Attending Part Time (number of hours per week) _____

Parent:
Name of School _____
Attending Full Time _____ Attending Part Time (number of hours per week) _____

If you are attending school or a job training program, you must attach the following:

- 1) a copy of a current student ID
- 2) a letter from the registrar or a copy of a bill, verifying your enrollment in the program

Please describe any special circumstances that should be considered as part of this application.

Child Care Expenses and Assistance

1. Are you currently receiving any financial support in meeting child care costs?

Yes ___ No ___

2. Please check all that apply and indicate amount of support in dollars:

- ___ Reduction in tuition or scholarship by child care provider \$ _____
- ___ Department of Children and Families subsidized slot \$ _____
- ___ Child Care Voucher through Child Care Resource Center \$ _____
- ___ Other financial support: \$ _____

3. Are you on a waiting list for any child care financial aid listed above? If yes, list below:

4. Do you anticipate a loss of any current support with child care expenses in the near future? Please explain.

5. What were your total child care expenses in 2010? _____

6. What is your best estimate of child care expenses in 2011?

Eligibility and Income Affidavit

Name _____

Adjusted gross income in 2010 _____

Number of persons living on this income _____

Terms for Participation in the Newton Child Care Fund Lottery

I understand that in order to participate in the Newton Child Care Fund., Inc. Lottery, I must:

- be a Newton resident or have a child enrolled in the Newton Public School system
- meet the income guidelines
- be working and/or attending school
- not be receiving additional, substantial (**50% or more**) child care assistance
- for two parent households, both parents must be working and/or in school full-time (i.e. 30 hours per week for each parent)

I further understand that by meeting these guidelines, there is no guarantee that I will receive any funds, but that I may be included in the Child Care Fund Lottery if my eligibility is confirmed.

If selected through the Lottery, I will apply my award towards child care services provided by a licensed provider, and that payments will be made directly to this provider upon receipt of a bill for services rendered.

I understand that all services paid for by my award must be provided between July 1, 2011 and June 30, 2012 and that I must begin using my award by **September 19, 2011**. I further understand that I must make co-payments to my provider towards my child care expenses during the award period.

If I become ineligible during the award period (i.e. my income exceeds the maximum allowed; I am not working or going to school; I receive additional, substantial child care assistance; if I do not expend the full award; if I do not begin using my award by September 19, 2011, or if I move outside of Newton), I understand that any remaining funds will be reallocated by Newton Child Care Fund to another eligible family.

I give permission for the Newton Child Care Fund, Inc. to contact my child care provider and/or relevant child care service provider regarding verification of enrollment and tuition assistance for my child(ren).

I certify that I have read, understand and agree to the terms of the Child Care Fund Lottery stated above. If I am found to have falsely presented my financial or working status, I understand that all unexpended funds will be returned to the general child care fund.

I CERTIFY UNDER THE PENALTIES OF PERJURY THAT ALL THE INFORMATION I HAVE SUPPLIED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Parent Signature _____ Date _____

In order to be considered for the scholarship lottery, applications must be received in the NCCC&F office no later than May 6, 2011. All required documentation, as listed in this application, is also due by this date. Any and all paperwork can be mailed, faxed, or e-mailed. Addresses and phone numbers are listed on the top of page one of the application.