

<input type="checkbox"/>	I am currently employed.
<input type="checkbox"/>	I am currently enrolled in school, college/university and not working.
<input type="checkbox"/>	I am currently enrolled in school, college/university and working.

Child Care Scholarship Application

Parent's/Guardian's Name: _____

Mother's Employer: _____

Home Address: _____

Work Address/phone: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Father's Employer: _____

E-Mail: _____

Work Address/phone: _____

List your child's special needs, if any _____

Name of child care facility that child is/will be attending, if known: _____

College/University where parent(s) is/are enrolled at (if applicable): _____

Child(ren) for whom you are requesting assistance: (must be birth to 5 years old, not enrolled in kindergarten)

First	Name M.	Last	Date of Birth (Attach copy of birth certificate)	Race/ Ethnicity	Male/ Female	Social Security#	With whom does child live?	Is child a U.S. citizen?

List others living in household. Please include applicant: (If you need more space, please attach a separate sheet)

Name(s)	Relationship to child	Date of Birth	Social Security #	Income Source/Amount	Does he/she give you money?	If so, how much and how often?
Applicant:						
Spouse:						

Current Family Monthly Income Before Taxes \$ _____

(Include salary, social security benefits, child support, TANF, unemployment benefits, etc. Attach check stubs showing one month of current income, W-2 forms, tax return, note from employer on letterhead, or other documents verifying this information if check stubs are not available.)

Copies of these mandatory items MUST be included with your completed form:

- Child's Birth Certificate
- Verification of child's special needs (if applicable)
- Proof of all income (W-2, pay stubs, disability, etc.)
- Parent/Guardian's school schedule (if applicable)
- Documentation of guardianship (if applicable)

Are you currently receiving child care assistance from Department of Social Services or another agency? Yes No

Is your child currently enrolled in Head Start or NCPReK? Yes No

I verify that all the information contained in this application and the supporting documentation is true and correct. Submitting inaccurate information to meet criteria to qualify for Smart Start Child Care Scholarship constitutes fraud and may result in immediate exclusion from the Smart Start Child Care Scholarship program.

Parent/Guardian's Signature

Date

Disclaimer! Duplin County Partnership for Children seeks to encourage high quality care for all children. The Child Care Resource and Referral can provide you with information about child care and referrals of child care options that may meet your needs. We strongly encourage parents to visit and observe the child care programs. The most important thing is that your family and child are healthy and happy. Duplin County Partnership for Children - Child Care Resource and Referral provides referrals, not specific recommendations.

Return completed application & additional income documentation to:

Duplin County Partnership for Children, Attn: Child Care Scholarship, PO Box 989, Kenansville, NC 28349

Phone: (910) 296-2000 FAX: (910) 296-1497

Or drop off at: 149 Limestone Road, Kenansville, NC 28349