

# **Childcare Scholarship Application Instructions**

WomenGive is a leadership initiative of United Way of Larimer County in partnership with the Women's Foundation of Colorado. WomenGive engages local women in an effort to tap into women's compassion, volunteerism and financial resources to bring change to issues that affect women and girls. Through philanthropic leadership WomenGive addresses the significant gaps in funding and services that prevent women in Larimer County from achieving economic self-sufficiency. WomenGive powers change for women.

Knowing that education is an integral component to self-sufficiency, WomenGive makes an impact by providing childcare scholarships to single parents continuing their education. Childcare scholarships will be awarded to single parents working toward their GED, certificate or degree program.

The scholarship award amount is based on number of credits the recipient is enrolled in for the duration of the semester. The monies will be distributed by United Way of Larimer County and must be given directly to the childcare provider. Scholarship monies cover direct care services but not previous balances, registration fees, activity fees or extra meals. If a student drops a class or withdraws from a class the award amount will be adjusted accordingly. The amount paid is the exact cost of services provided not to exceed the following limits (Any costs for care above these limits must be covered by the recipient):

Number of credits	Award amount for full time childcare	Award amount before & after school care
12 +	Up to \$200 per child per week	Up to \$100 per child per week
9-11	Up to \$150 per child per week	Up to \$75 per child per week
6-8	Up to \$100 per child per week	Up to \$50 per child per week

## **Application deadline: Tuesday, April 6, 2010 (by 5pm) for the fall semester 2010 scholarships.**

The WomenGive Scholarship Committee will select recipients and notification will be made to applicants by May 12, 2010. All award eligibility is ultimately subject to verification of student's GPA and funding availability. A personal interview may be required.

### **General Criteria for all Applicants include:**

- Must demonstrate financial need (at or below 150% of Federal Poverty Guidelines).  
*See [www.womengivelarimercounty.org](http://www.womengivelarimercounty.org) for guideline amounts.*
- Must be a single parent living ONLY with child(ren)
- Must be nominated by a nonprofit organization, educator, childcare provider or employer
- Must be a Larimer County resident
- Must be a United States Citizen or be a lawfully admitted alien
- Must not be in default on a federal student loan
- First consideration will be given to those taking a minimum of twelve (12) credit hours
- Must maintain a cumulative GPA of 3.0. If cumulative GPA is below 3.0, a written explanation must be provided.

### **Applicants must submit the following items in order to be considered each semester:**

- Completed application (Pages 2 and 3)
- Application essay questions (Instructions and signature - Page 3 plus your typed answer sheet)
- Transcript including all classes taken and cumulative GPA
- IRS W2 (with Social Security number blacked out)
- List and provide proof of additional income including grants, scholarships, living allowances and other financial gifts to which you are currently the recipient of
- Exhibit C (Page 5)
- Nomination letter (see page 4 "WomenGive Childcare Scholarship Nomination Instructions")  
Each applicant must have a nominator of their choice. Nominations can be submitted by a nonprofit organization, educator, childcare provider or employer.
- Please print your first and last name at the top of each page of the items listed above, put the items in the order listed, make 5 copies, paper clip each set of copies, and submit to:

**United Way of Larimer County office hours are 8:30am - 5pm**

Submit these items by **Tuesday, April 6, 2010 by 5pm** to:

**Joy Nyenhuis** | Community Investment Associate | [jnyenhuis@uwaylc.org](mailto:jnyenhuis@uwaylc.org)  
**United Way of Larimer County** | 424 Pine Street, Suite 102 | Fort Collins, CO 80524

Please type or print (use blue or black ink only). Applications that are incomplete or ineligible will not be processed.

Student Name \_\_\_\_\_ Best Phone # to Reach You \_\_\_\_\_

Address \_\_\_\_\_ Apartment # \_\_\_\_\_ Alternate Contact Name and Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

- Please check all that apply:**
- Yes, I am a Larimer County Resident
  - Yes, I am a US Citizen
  - Yes, I am a single parent living with ONLY my child(ren)
  - Yes, I am currently employed. If so, where and how many hours per week do you work?

Please list all the people living in your household (including you), their ages and relationship to you. Also list any other support you receive for your child(ren).

Name	Birthdate	Relationship	Estimated Weekly Childcare Cost	Source of Subsidy/Support	Amount of Subsidy/Support per week

**Childcare Provider:** \_\_\_\_\_

**Childcare need (circle one):**      Before and after school      Full-time childcare

**Yes, I am being nominated by a nonprofit organization, childcare provider, educator or employer**

Name of Nominator \_\_\_\_\_ Nominator's Organization \_\_\_\_\_

Nominator's Phone # \_\_\_\_\_ Nominator's E-mail Address \_\_\_\_\_

**The Nomination Form is being submitted by (circle one):**      Me      My Nominator

**Yes, I am submitting the following (all items below must be submitted for consideration) in the order listed here:**

- Completed application (Pages 2 and 3)
- Application essay questions (Instructions and signature - Page 3 plus your typed answer sheet)
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\_\_\_\_\_  
Name of school you will be attending for the fall 2010 semester

\_\_\_\_\_  
Area of study/major

Type of Degree you are currently pursuing (please circle **ONLY** the degree you're pursuing during the fall 2010 semester): GED      Associates      Bachelors      Masters

\_\_\_\_\_  
Cumulative GPA

\_\_\_\_\_  
Credits Completed

\_\_\_\_\_  
Credits Remaining

\_\_\_\_\_  
Anticipated completion/graduation date for current degree (month/year)

If GPA is below 3.0, please explain \_\_\_\_\_

List classes and number of credits for each class you plan to register for (fall semester 2010):  
*We realize you may not have registered for classes yet.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Date(s) classes start and end: \_\_\_\_\_

*This scholarship only covers childcare for the weeks recipient is attending classes.*

**Total credits you plan to enroll in for the fall semester 2010**

**Are you currently in default on Federal loans? (yes/no)**

If yes, explain: \_\_\_\_\_

**Will you graduate with this degree this semester? (yes/no)** \_\_\_\_\_

**Do you plan to transfer after you complete your current degree? (yes/no)** \_\_\_\_\_

If yes, please explain when and where you plan to transfer and indicate what your major will be: \_\_\_\_\_

**In 500 words or less (for each question), please type the answers to the following questions on a separate sheet of paper.**

1. Please describe how your educational goals support your career goals. How will they help you to achieve self-sufficiency?
2. Please let the review committee know the difference this scholarship will make in your life now and in the future.
3. If you will graduate this semester, what are your plans for either pursuing employment or further education?

**Authorization: Signature required**

I state that all information I have provided in this application is true and correct to the best of my knowledge. I understand that additional information may be required. I understand that failure to truthfully provide information may result in the loss of this scholarship at any time and potential refund to WomenGive of any funds previously provided. I authorize my educational institution, United Way or their agents to investigate any or all statements contained in this application. I authorize, whether listed or not, any person, agency, court record repository, credit bureaus, educational institution, employer, business or personal reference or any other source to verify information that I have voluntarily supplied or to provide relevant information and opinions that may be useful in making a scholarship award decision. I release such persons and organizations from any legal liability for any damage whatsoever issuing this information may cause. I further agree to notify WomenGive within 10 days of any change in the above information.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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## **How to submit a nomination letter:**

The availability of these funds is very limited and the need is great. Please answer these questions to help the selection committee understand why your nominee will make the best use of these limited childcare dollars.

- Please briefly answer the following questions on a separate sheet of paper.
  1. Why do you recommend this person to be selected for this scholarship? *For example, why does this person need this scholarship? What is unique about this student's situation that will make this a great use of scholarship dollars?*
  2. What do you know about this student's educational and career goals? How will this scholarship support their ability to achieve these goals?
  3. Please describe this person's life management skills that will enable them to successfully complete their education.
  4. What obstacles has this person overcome to reach this point in their journey?
  5. Additional comments that will help the selection committee as they consider this applicant.
- Sign and date your letter, include your name and contact information.
- Include 5 copies of the above with first and last name of the nominee printed on the top of each page.

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**United Way of Larimer County** | 424 Pine Street, Suite 102 | Fort Collins, CO 80524

**Exhibit C  
ELIGIBILITY DETERMINATION FORM**

Does the Household have verification of Citizenship and Identity?    Yes     No

**HEAD OF HOUSEHOLD INFORMATION**

LAST NAME		FIRST		MIDDLE	
MAILING ADDRESS:					
CITY/TOWN	STATE	ZIP CODE	TELEPHONE NUMBER	IS COLORADO THE CURRENT STATE OF RESIDENCE OF THE HOUSEHOLD? YES <input type="checkbox"/> NO <input type="checkbox"/>	
APT/UNIT NO.:					

**BENEFITS RECEIVED**

Does the Household receive any of the following benefits from Human Services (check all that apply)?

- TANF
- Food Stamps
- Medicaid
- LEAP
- Child Care

If any of the above has been checked, please skip the next two questions.

**ELIGIBILITY CRITERIA AND FACTORS**

1. The household income is less than \$75,000 per year.    Yes  No  Annual household income = \$ \_\_\_\_\_
2. The child lives with a parent(s) or other specified relative.    Yes  No

<p align="center"><b>UNDER PENALTY OF PERJURY, I HEREBY CERTIFY BY SIGNING THIS FORM, THAT I AM SAYING THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT EACH PERSON THAT IS ELIGIBLE TO PARTICIPATE LISTED ON THIS APPLICATION IS A CITIZEN OR QUALIFIED ALIEN.</b></p>
<p align="center">Signature: _____ Date: _____</p>