



WomenGive and Project Self-Sufficiency Childcare Application

RETURNING APPLICANT

INSTRUCTIONS and INFORMATION

*This is a dual application for childcare funding from WomenGive and Project Self-Sufficiency. Each scholarship has different criteria. Applicants who are **NOT** a Project-Self-Sufficiency (PSS) participant are **ONLY** eligible for the WomenGive Scholarship.*

WomenGive Scholarship requires that the scholarship only covers tuition costs. This scholarship does not include previous balances, registration fees, activity fees, or extra meals.

- ▶ A "**RETURNING APPLICANT**" is someone who has received a WomenGive Award in the past 2 years. If you have applied but not been awarded, please fill out the "**NEW APPLICANT**" application
- ▶ Complete Applications with attached documents must be turned in by the deadline – **incomplete and late submissions will not be accepted**
- ▶ Applicants who are **NOT** Project Self Sufficiency participants are required to meet with the WomenGive Program Manager once each term (Spring, Summer and Fall) as a condition of scholarship approval. PS-S participants must meet with advisor for review and signature.
- ▶ **Plan ahead!** All applicants who are **NOT** a PSS participant **MUST** meet with the WomenGive Program Manager before submitting application. To set up a meeting, contact Hannah Bade at hbade@uwaylc.org
- ▶ PS-S Advisor or WomenGive Program Manager review and signature is required.
- ▶ Essay Questions are a crucial component of the application score. Short answer responses are examined when determining awards. Please be thoughtful and thorough in short answer responses and personal essay.

WomenGive Eligibility Changes:

WomenGive is continually growing to meet the demand of our community needs. Starting in Fall 2019, you will notice new eligibility criteria for:

- Individuals not living in Larimer County
- Graduate Students (limited based on available funding: applicants pursuing their first undergraduate degree have priority)

Please be sure to complete the eligibility questionnaire completely to determine if you are eligible under our new eligibility changes. **If you have any questions about eligibility, please contact Hannah at hbade@uwaylc.org.**

Application Materials Checklist

I agree to provide the following items in support of my application:

- A complete application
- Proof of Income- two recent pay stubs and/or a child support order/disability benefits/Cash Assistance award letter if applicable –*waived for PS-S participants*
- Most recent unofficial transcript showing my name and cumulative GPA
- Financial Aid Award letter from my school
- A Nomination Letter
- Advisor/WomenGive Program Manager Review and Signature

Eligibility Questionnaire

I meet **ALL** eligibility requirements below to be considered for a scholarship:

- I am a single mother or female (OR PS-S participant) with primary custody of children
- I do not live with an intimate partner
- My income, including wages and child support, is at or below 225% of the Federal Poverty Level for my family size based on the table below.

Family Size Including Parent	Maximum Annual Income	Maximum Monthly Income
Single parent with 1 child	\$38,048	\$3,171
Single parent with 2 children	\$47,993	\$3,999
Single parent with 3 children	\$57,938	\$4,828
Single parent with 4 children	\$67,883	\$5,657
Single parent with 5 children	\$77,828	\$6,486

*retrieved from <https://aspe.hhs.gov/poverty-guidelines> on 1/17/2019. Poverty guidelines are updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).

- I am not in default on a federal student loan OR I am a PS-S participant
- My transcripts reflect a minimum 2.0 grade point average for college classes OR I am a PS-S participant
- I will be using a licensed childcare provider (to verify license, please check [Colorado Shines](#))

Education Eligibility

- I plan to enroll in a minimum of **6 credit hours** for the application term OR I am a PS-S participant
 - I am enrolled in an **undergraduate** program following semester timelines for the upcoming semester
- OR**
- I am enrolled in a **Master's** program following semester timelines for the upcoming semester*

* Master's program applications are awarded based on available funding. Applicants pursuing their first undergraduate degree have priority.

Residency Eligibility

- I am a resident of Larimer County
- OR**
- I live **outside** of Larimer County, but contribute to Larimer County's community in at least 2 of the ways listed below. *Please check all that apply- this information will be confirmed through WomenGive Program Manager.*
 - I attend school in Larimer County (verified through transcripts)
 - I work in Larimer County (verified through paystubs)
 - I and/or my children receive public benefits in Larimer County (verified through benefits letter)
 - My children attend school and/or daycare in Larimer County (verified through enrollment letter)

CHILDCARE SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Award Semester/Term:

First and Last Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ Zip Code: _____

Email Address: _____ Phone: _____ OK to leave phone message? _____

Cumulative GPA (if applicable): _____ Has any of your contact information changed since last semester? Yes No

I am a Returning WomenGive/PS-S Scholarship Recipient

- Most Recent Semester/Year Awarded:
- Total number of semester/terms I've received an award:

I am a Project Self Sufficiency Participant:

YES: My advisor's name is:

NO: I have scheduled a meeting with WomenGive Program Manager for: {Required}

I am a Women In College Project Recipient with Front Range Community College

- I am only applying for the PS-S Childcare Scholarship
- I am a single dad
 - I have less than 2.0 GPA
 - I am taking less than 6 credits for the semester
 - I am in default on my student loans
 - I am in an internship not for college credit

INCOME AND EMPLOYMENT

If Yes, List Amount or Percentage below

Do you receive child support on a regular basis? Yes No

Do you receive CCAP? Yes No Parent Fee:

Is someone else partially responsible for childcare costs? Yes No

Will you be employed during the upcoming semester? Yes No If yes, complete info below:

Employer: _____ Position/Title: _____

Start date: _____ Hours per week: _____ Hourly pay rate: _____

Education Information

HIGHLY RECOMMENDED TO CHECK WITH ACADEMIC ADVISOR FIRST

Current Semester Academic or Training Program or NOT CURRENTLY A STUDENT

School	Degree Level	Course of Study/Major

Upcoming Semester Academic Plans

School		Degree Level	Course of Study/Major	
# of weeks for Academic Semester/Term	Term Start Date	Term End Date *	Credits/hours planned for Semester/Term	Anticipated Graduation date for current degree/certification (Month and Year)

*Semester dates MUST include week of finals if childcare is needed for finals week. These dates will determine award time frame. *

FINAL Academic or Training Program Goal

FINAL School	FINAL Degree Level	FINAL Course of Study/Major
Expected Graduation Semester for FINAL Degree	Expected Graduation Year for FINAL Degree	Do you anticipate needing childcare through your final degree plan?

Education Information

Achievements & Setbacks: Please explain how you determined your educational goals. How have you met or adjusted your academic goals during the previous semester/term? Please describe any changes in your academic plan. What additional goals have you accomplished in support of your academic plan? How have you managed any setbacks? Describe your progress towards degree achievement. (1200 characters or less)

Gap in Scholarship Applications: If you are returning to apply after more than 1 year, please explain why you did not apply for WomenGive Scholarship during that time. What brought you back to WomenGive? (1000 characters or less)

Please complete highlighted fields for each child. After entering data for each child, please enter the number of weeks enrolled. Number of weeks must be entered in order for calculation to function properly. All highlighted fields will be automatically calculated.



Name of Mother:		Semester Start Date	Semester End date
Award Term:			
Number of Credits:			
Number of Weeks in Semester: **Be sure to include finals week if you need it**			

Child 1 Name (First & Last)	Date of Birth	Age	Name of Child Care Provider	Days of Week	Hours Per Day	Childcare Cost Per Week*	WomenGive Scholarship Maximum (enter total from chart below)
				Monday			
				Tuesday			
				Wednesday			
				Thursday			
				Friday			
				Saturday			
				Sunday			
The amount your childcare provider charges on a weekly basis to provide care for your child. This amount will be verified with your child care provider				TOTAL			

Child 1 Estimated Cost for Semester: Child 1 Maximum WomenGive Scholarship for Semester:

Child 2 Name (First & Last)	Date of Birth	Age	Name of Child Care Provider	Days of Week	Hours Per Day	Childcare Cost Per Week*	WomenGive Scholarship Maximum (enter total from chart below)
				Monday			
				Tuesday			
				Wednesday			
				Thursday			
				Friday			
				Saturday			
				Sunday			
The amount your childcare provider charges on a weekly basis to provide care for your child. This amount will be verified with your child care provider				TOTAL			

Child 2 Estimated Cost for Semester: Child 2 Maximum WomenGive Scholarship for Semester:

Child 3 Name (First & Last)	Date of Birth	Age	Name of Child Care Provider	Days of Week	Hours Per Day	Childcare Cost Per Week*	WomenGive Scholarship Maximum (enter total from chart below)
				Monday			
				Tuesday			
				Wednesday			
				Thursday			
				Friday			
				Saturday			
				Sunday			
The amount your childcare provider charges on a weekly basis to provide care for your child. This amount will be verified with your child care provider				TOTAL			

Child 3 Estimated Cost for Semester: Child 3 Maximum WomenGive Scholarship for Semester:

Child 4 Name (First & Last)	Date of Birth	Age	Name of Child Care Provider	Days of Week	Hours Per Day	Childcare Cost Per Week*	WomenGive Scholarship Maximum (enter total from chart below)
				Monday			
				Tuesday			
				Wednesday			
				Thursday			
				Friday			
				Saturday			
				Sunday			
The amount your childcare provider charges on a weekly basis to provide care for your child. This amount will be verified with your child care provider				TOTAL			

Child 4 Estimated Cost for Semester: Child 4 Maximum WomenGive Scholarship for Semester:

Child 5 Name (First & Last)	Date of Birth	Age	Name of Child Care Provider	Days of Week	Hours Per Day	Childcare Cost Per Week*	WomenGive Scholarship Maximum (enter total from chart below)
				Monday			
				Tuesday			
				Wednesday			
				Thursday			
				Friday			
				Saturday			
				Sunday			
The amount your childcare provider charges on a weekly basis to provide care for your child. This amount will be verified with your child care provider				TOTAL			

Child 5 Estimated Cost for Semester: Child 5 Maximum WomenGive Scholarship for Semester:

Total Cost per Week:		Total WG/PSS Payment per Week:		Total Cost for Semester	Max. Scholarship Award
Differences of \$100 or less will be covered by WomenGive					

WomenGive Scholarship Limits-SPRING/FALL			
# of Credits	0-2 yr olds	3- 5 yr olds	K-12 B/A
12 or more	\$350	\$290	\$130
9-11	\$300	\$250	\$130
6-8	\$230	\$190	\$130

Women In College Project Applicants: Please use 12 credits for day classes or 8 credits for night classes

Please attach formal Financial Aid Award Letter from your school

***MONTHLY INCOME** (please fill out all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Employment _____
<input type="checkbox"/> TANF _____
<input type="checkbox"/> SNAP/Food Stamps _____
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Child/Spousal Support _____
<input type="checkbox"/> Child/Spousal Support _____
<input type="checkbox"/> Supplemental Security Income _____ |
|--|---|

Total Monthly Income: _____

Finances: Please provide an update regarding your budget, financial need, and efforts to manage money. What challenges have you faced in regards to finances? Please describe efforts to overcome those challenges. (1000 characters or less)

Additional Childcare Costs: If any of your children have child care costs that exceed the WG maximum per child on the calculator (pg. 5), please explain any circumstances that may contribute to higher child care costs (special needs, transportation issues, etc.) What are your plans for covering the extra cost? (1000 characters or less)

If you are a **PS-S Participant** and your costs are more than the WG Maximum, would you like your application to be considered by **PS-S childcare** to cover the difference? Yes No

If you are a **Front Range Community College student** and your costs are more than the WG Maximum, have you applied for **CCAMPIS** funds to cover the difference?(Find out about CCAMPIS childcare scholarship [here](#)) Yes No

• If yes, have you been awarded? Yes No

If your **child is between ages 3-4**, have you applied for Early Childhood Preschool programs such as **HeadStart and Colorado Preschool Program** for free preschool? Yes No

(Find out more information about Early Childhood Programs in PSD [here](#) or TSD [here](#))

• If yes, have you been awarded? Yes , my child is in the _____ Program No

Release of Information

Data Collection

WomenGive data is stored and tracked via a system that is shared with Project Self Sufficiency (PSS). The WomenGive Program Manager, and PSS system administrators have access to information pertaining to WomenGive Recipients. Initialing releases your information to be used in this database. **(Required)**

Initials:

Case Managers/Academic Progress

Initialing allows United Way of Larimer County the right to communicate with nominators, case managers, instructors and anyone who can provide information regarding :

- barriers and concerns that could interfere with a recipient's ability to successfully complete academic credits for a specific semester
- verifying enrollment status for specific number of credits and term start/end dates
- Sharing information about any changes in eligibility status including but not limited to being a single mother, maintaining a 2.0 GPA, income guidelines, etc.

Initials:

(Required)

Childcare Providers

Initialing allows United Way of Larimer County to provide the following information to your prospective childcare providers upon request

Initials:

- Name of mother, name(s) and age(s) of child(ren)
- Information about Maximum Scholarship Rates applicant is eligible for
- Any other information necessary for Childcare Provider to accept a WomenGive applicant

(Required)

Additional Childcare Funding

Initialing allows United Way of Larimer County to share the following information with outside agencies (PSS, CCAMPIS, CCAP, etc.) if information is requested.

Initials:

- Name of mother, name(s) and age(s) of child(ren)
- Information about Maximum Scholarship Rates applicant is eligible for
- Full application (specific to PS-S childcare funding)
- Any other information necessary regarding WomenGive application to provide additional funding if necessary

(Optional- Required if applying for CCAMPIS or PS-S Childcare Funds)

Media Release

If awarded a WomenGive Childcare or Project Self-Sufficiency Scholarship- check all that apply:

I give my permission for The United Way of Larimer County/Project Self-Sufficiency to include my first name, picture, and field of study in the WomenGive newsletter and/or other press releases.

I am interested in being contacted to share my written story in a future newsletter, but do not consent to sharing identifying details.

Specific Details NOT to Include:

I am interested in being contacted to speak at future WomenGive and/or Project Self-Sufficiency events.

I do NOT give my permission for The United Way of Larimer County or Project Self-Sufficiency to include my name, picture, or other identifying details for the WomenGive newsletter and/or other press releases.

Verification Statement

I have provided a complete application to include:

- My most recent unofficial transcript showing my name and cumulative GPA.
- Scholarship Award Calculator (completely filled out)
- Proof of Income- two recent pay stubs and/or a child support order, if applicable –*waived for PS-S participants*
- Financial Aid Statement from my school
- Nomination Letter and Advisor/WomenGive Manager Signature and Review

I understand that I am eligible for up to the amount below, but the official award is contingent upon official class registration and my childcare provider's verification of the cost.

Copied from WG Max. Scholarship Amount on page 5



I, , certify that all information contained within this application is true and correct to the best of my knowledge. I am aware that this information is subject to review and verification and that I may be required to provide documentation in its support. I also understand and agree that any and all information contained in this application, budget sheet and subsequent attachments can and will be discussed among all Scholarship Committee Members directly involved in final determination of scholarship awards.

By signing my name here, I consent to the statements above:

(Typed Name Acts as Signature)

Date

Advisor/Manager Review

Advisor Name Project Self Sufficiency

Signature (typing here confirms your review of this application)

Date _____

WomenGive Program Manager

Signature

Date _____

**Advisor Comments & Update on Applicant Progress
(REQUIRED)**