

2020-2021 Key to the Future Application

Thank you for your interest, even if you are eligible there is no guarantee that you will receive the scholarship. We have limited funds. The families with infants and toddlers will receive priority for the scholarship. If funds are available, families with preschool age children will be considered.

The Key to the Future is...

Administered by the Child Care Council of Westchester, Inc. This scholarship helps cover the costs for 10 to 12 months (July 1, 2020– June 30, 2021) of **full time** infant, toddler, and/or pre-school care.

The KEY TO THE FUTURE Award can only be used at an OCFS regulated child care program AND must meet the Council's quality requirements.

Factors that determine who will receive a Key to the Future are...

Family income, family size and child's age.

Families who meet the eligibility guidelines.

Awards are based on age of child, financial need, and family story.

Timeline for application process

- **Deadline for receipt of application at the Child Care Council of Westchester:
5:00 pm Friday, May 15, 2020 (in office, not postmarked)**
- Review of applications by June 5, 2020
- Notification to applicants by mail week of June 15, 2020 regarding application status

Scholarships Amounts and Payment

The scholarship will cover care from July 2020 to June 2021. The monthly payments will be made directly to your child's program/provider. You are responsible to pay the remainder of tuition. The scholarship cannot be more than the amount charged by the program/provider. If your child attends for less than 15 days, the scholarship will be prorated.

Rate Chart for July 2020 to June 2021	Monthly Rate	Daily Rate*
Infants & Toddlers (under 3 years old as of 7/2020)	\$425.00	\$19.32
Preschoolers (3 & 4 years old as of 7/2020)	\$250.00	\$11.36

Eligibility Requirements

1. Applicants (both parents in household) must live in Westchester County and **be employed full time** (minimum of 30 hours per week).
2. Children **must** be enrolled in a Westchester County OCFS regulated.
3. OCFS program/provider **must** meet the Council's quality requirements.
4. Child must attend the same care provider/program on a full time basis, minimum of 30 hours/week, and be old enough to legally begin child care on July 1, 2020.
5. You may not receive or be eligible for any financial assistance for child care through the Department of Social Services.
6. The award can be used for care from July 2020 to June 2021. You can opt out for July/August. You may not use the scholarship for care only from July – August. The Council has the right to request the funds be returned if the scholarship is only used for the summer.
7. Your household gross annual income must be within the income eligible guidelines listed below:

For information on programs that meet this criteria, call 914-761-3456 x 140

Family Size	Income Range		
2	\$34,481	to	\$56,892
3	\$43,441	to	\$66,463
4	\$52,401	to	\$70,740
5	\$61,361	to	\$82,836
6	\$70,321	to	\$94,932
7	\$79,281	to	\$107,028

Helpful information to complete the application:

Household/family size defined:

Situation	Included in Family Unit
An unmarried individual residing together with his/her own children	All individuals are part of the unit
Unmarried individuals residing together with his/her own children and/or children in common	All individuals are part of the family unit
Parent under age 21 residing with his/her parents	Parent and child are the family unit, not the grandparents
Unmarried individuals residing together and no children in common	Each parent/caretaker is considered a separate family unit with his/her own children

An adult is considered any person 18 years of age or older unless the individual meets the definition of a child with special needs. Adult children over the age of 21, living in the household, are not included in determination of family size. If one or both parents are disabled, proof of disability is required.

How do I find an OCFS regulated program/provider who meets the Council's scholarship requirements?

You can contact the Council's Referral Department to help you find new child care options that you may not have been aware of by calling 914-761-3456 x 140.

Child support:

Child support received is included in family income. Proof of **receipt** of child support monies is required.

Parents with disabilities:

Consideration is given to households where one parent is disabled and full time child care makes it possible for a second parent to work full-time.

How to Apply:

- 1. Complete pages 5 to 13. Answer all questions that are applicable to you and your family.**
- 2. Submit require documents with application**
- 3. Mail, email, fax or hand deliver application and all required documents by **May 15, 2020 (in office, not postmarked)****

Child Care Council of Westchester
313 Central Park Avenue
Scarsdale, NY 10583
Attn.: 2020 Scholarships
Fax: 914-886-0281
Email: arlenel@cccwny.org

Questions: Call Nicole Masucci at 914-761-3456 ext. 139 / email nicolem@cccwny.org or
Arlene Leuzzi at 914-761-3456 ext. 121 / arlenel@cccwny.org

The following documents must be submitted with your application:

1. **Proof of gross income for all employed family members which includes:**
 - Four (4) consecutive, recent pay stubs if paid weekly (*Including Dates, Name, Employer, Gross Income*) **OR**
 - Two (2) consecutive, recent pay stubs if paid bi-weekly (*Including Dates, Name, Employer, Gross Income*) **AND**
 - Documentation of Any and All Other Income

2. **Proof of residency, including Name and Address** (Example: A copy of a recent electric bill or cable bill)

3. **Proof of child support** currently being received (A recently dated letter from parent providing child support indicating the child(ren) and the total amount being paid for each child and frequency. If you cannot obtain a letter, you may submit bank statements, copies of deposits, etc. that show the amount of support currently being received.)

4. **Proof of Child's Age:** Birth Certificates for all children applying for the scholarships.

Send photocopies, as documents will not be returned.



2020-2021 APPLICATION Child Care Council of Westchester, Inc. Scholarships

Deadline for Receipt of Application: 5:00 P.M. Friday, May 15, 2020 (in office, not postmarked)
ALL SECTIONS MUST BE COMPLETED

Applicant Information

<u>PRINT LEGIBLY</u>	Both parents and/or spouse must be listed on the application if they live in the household.
First Name (parent #1)	
Last Name (parent #1)	
First Name (parent #2 or spouse)	
Last Name (parent #2 or spouse)	
Street Address	
City, ST ZIP Code	
Cell Phone	
Home/Work Phone	
E-Mail Address	
Mailing Address, if different	

Marital Status

Are you? Married Single or Separated Other

Household Information

LIST EVERY CHILD WHO LIVES WITH YOU.

Relationship to you	First Name	Last Name	Date of Birth	Sex M or F	Applying for Child Care Scholarship?
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Of parents in household

One parent household Two parent household

Your Income Information

Your Name:	
Employer:	
Occupation:	
How much are you paid? (gross income before taxes)	\$
How often are you paid?	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly , Every other week <input type="checkbox"/> Bi-monthly , Twice a Month <input type="checkbox"/> Monthly
How many hours do you work a week ?	
How many months a year do you work?	
Do you have any other jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes please provide the same information as above

Income Information – Spouse or Parent #2; if living in same household as child

Spouse/Parent #2 Name:	
Employer:	
Occupation:	
How much are they paid? (gross income before taxes)	\$
How often are they paid?	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly , Every other week <input type="checkbox"/> Bi-monthly , Twice a Month <input type="checkbox"/> Monthly
How many hours do they work a week ?	
How many months a year do your work?	
Do they have any other jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes please provide the same information as above

Other Income Information

Income	Yes/No	If yes, how much & how often (weekly/monthly)? Attach Proof
Do you current receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Do you or your children current receive SSI?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Do you have any other income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Department of Social Services assistance

Income	Yes/No	
Do you currently receive child care subsidy from the Department of Social Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:
Have been denied child care subsidy from the Department of Social Services in the past 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____ Attach denial letter

Program/Provider

Child must be enrolled by July 1, 2020 or September 1, 2021			
<input type="checkbox"/> I do not have child care at this time.			
Child's First Name	Program/Provider Name	Program Address (where the care is provided)	License/Registration #

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Your Child's Schedule in Care

Child's First Name	What is the total # of hours in care <u>per week</u> ?	What is the total # of days in care <u>per week</u> ?	I would like the scholarship to begin: (July 2020 or September 2020 or other date)	How much are you currently paying for child care a <u>week</u> ?

*** The Council understands that some families may choose a non-OCFS regulated care for the summer, July & August (such as a day camp). Therefore, you may opt-out of the scholarship for these months and except a prorated scholarship for September 2020 to June 2021. Also, you may not use the scholarship only for care during July – August. If you accept the scholarship and then end it in September, the Council has the right to request the funds be returned if the scholarship is only used for the summer.

Child Care/Early Care & Education Information

If your child is not currently enrolled an OCFS regulated child care program/provider, please explain who is currently caring for your child?

Other Child Care/Early Care & Education Assistance

	Yes/No	If yes, explain...
Are you applying for any free programs, such as Pre-k or UPK, for the September 2020 school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving any financial assistance to help pay for child care (i.e. discounted rate from child care program, another scholarship, family assistance, child care subsidy, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Child Care Council Scholarship

	Yes/No	If yes, when?
Have you previously received a child care scholarship through the Child Care Council?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Tell us why you should receive this scholarship

REQUIREMENT: Summarize how the Council's scholarship would help your child and family if you were to receive it. The committee will consider your story when evaluating who should receive the scholarship.

Checklist of attached required documents:



Check off the items you are submitting that are required to complete your application.

<input type="checkbox"/> I have answered all questions and completed all sections pages 5 thru 10	<input type="checkbox"/> I have submitted Proof of Current Address <input type="checkbox"/> Acceptable proof includes an electric bill, cable bill, and/or phone bill, which list full address and my name. (driver's license and passports are not accepted)
<input type="checkbox"/> I have read and signed the agreement on page 11	<input type="checkbox"/> I have submitted Proof of Child Support
<input type="checkbox"/> I have submitted a Proof of Income for myself and if applicable, for my spouse and/or parent #2. A month's worth of income that could include: <ul style="list-style-type: none"> <input type="checkbox"/> 4 consecutive, recent paystubs if paid weekly <input type="checkbox"/> 2 consecutive, recent paystubs if paid bi-weekly <input type="checkbox"/> Documentation of ANY & ALL income 	<input type="checkbox"/> I have submitted Proof of Child's Age <input type="checkbox"/> Birth Certificates for all children applying for scholarship
<p><input type="checkbox"/> OPTIONAL – This will not impact your application or eligibility to receive this scholarship. Submit a photo or video. Share why having a scholarship for child care would make a difference. Submit it to nicolem@cccwny.org and complete the <i>Photography and Video Release Form</i>. This will be used to help solicit future funding for our child care scholarship.</p>	

Agreement and Signature

I certify that I have read the 2020 Key to the Future Scholarship application, including the information on eligibility, length of scholarship and how the scholarship works.

I certify that all of the information I have provided is true and correct to the best of my knowledge.

I understand if my income, residency, or child care provider changes, I must notify the Council immediately.

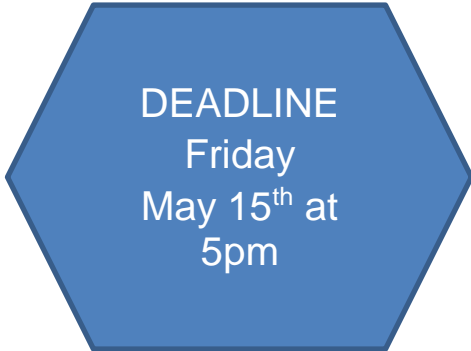
I understand that if my child care cost is less than the scholarship monthly rate, the scholarship will not be provided.

I understand that the Child Care Council of Westchester may request any additional information to verify or provide clarity.

I understand that if my program does not fulfill their requirements they may be required to return the scholarship paid.

I certify that I have or will provided truthful and accurate information to the child care program/provider that I have chosen to care for my child(ren).

Falsification of the information shall result in termination of the scholarship.



Parent #1: Sign or type in your name as your electronic signature	
Parent #2: Sign or type in your name as your electronic signature	
Date	

Submit Application to:
The Child Care Council of Westchester
 313 Central Park Ave, Scarsdale, NY 10583
 Fax: 914-886-0281
 Email: arlenel@cccwny.org
 Questions: 914-761-3456 ext. 121 or ext. 139

Photograph and Video Release Form (optional)

Use if you are choosing to submit a photograph or video.

Subject/event: **Child Care Scholarship Fundraising**

I grant the Child Care Council of Westchester, its representatives and employees, the right to use the photographs or video footage of myself and my child(ren) that I am providing in connection with the above-identified subject or event.

I authorize the Child Care Council of Westchester to use and publish the same in print and/or electronically, for any lawful purpose, including, for example, such purposes as marketing, publicity, advertising, illustration, Web or Facebook content.

- I grant permission to the above
- I DO NOT grant permission to the above

Additionally:

- I grant the Child Care Council of Westchester permission to include the name of my child(ren) and I when using images for the above-mentioned purposes.
- I DO NOT grant the Child Care Council of Westchester permission to include the name of my child(ren) and I when using images for the above-mentioned purposes.

Name of children (please print):	
Name of parent or guardian (please print):	
Sign or type in your name as your electronic signature:	
Date:	

Thank you!