FIRST STEPS SCHOLARSHIP

Early Learning Initiative's

First Steps Scholarship Application

2022 - 23 School Year

☐ Re-Application

Who Can Apply?

To qualify for the scholarship during the current enrollment period, your child must:

- Be a Burlington resident
- Your child qualifies if she/he is at least 8 weeks of age when enrolling in child care and younger than 3 years by September 1st, and not yet eligible for Universal PreK funding. *Contact Rebecca Reese (rreese@burlingtonvt.gov) to ask about eligibility and application questions.*
- Priority will be given to applicants not currently enrolled in the state's Child Care Financial Assistance Program (CCFAP) but must be willing to apply (we will assist), and who are not currently enrolled in a 4 or 5 Star child care program.
- Scholarships are for **full-time** child care (26 or more hours weekly). Families applying **must** need full-time care and be able to commit to full-time program attendance.
- Applications will be accepted anytime throughout the year and must include all necessary documentation to be considered and reviewed. Qualifying families will be offered scholarships as funding allows. ***Scholarships are designed to be applied toward tuition but may not cover full tuition costs.***
- Enrollment with our partner child care programs will be offered, as space is available. If unable to enroll at the time of scholarship application, qualifying families will be placed on a waiting list.
- Applicants must meet the family household income guidelines for Area Median Income. See below.
- *Please Note – Those enrolled in a higher degree program beyond bachelor's level, do not qualify for scholarship UNLESS employed and need care due to employment.*

Household Size	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Income at 65% AMI	$55,835	$62,790	$69,745	$75,335	$80,925	$86,515	$92,105

For Qualifying Applicants within 65% AMI income limits, scholarship received will vary based on income eligibility.

Household Size	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Income at 80% AMI	$68,650	$77,250	$85,800	$92,700	$99,550	$106,400	$113,300

For Qualifying Applicants 66% to 80% AMI income limits, scholarship received would be $155 weekly.

Child Information

Name – First & Last
Date of Birth (or expected)
Street Address
City, State, Zip Code
Child is a Burlington Resident ☐ YES ☐NO
Primary Language
Have you applied for Head Start? ☐YES ☐NO
Have you applied for the Child Care Financial Assistance Program (CCFAP)? If YES, are you currently receiving CCFAP funding?

Parent/Guardian Information

Parent/Guardian #1

Name – First & Last
Street Address
City, State, Zip Code
Phone Cell: Home:
Email
Primary Language Do you need an interpreter?
Relationship to Child

Parent/Guardian #2

Name – First & Last
Street Address
City, State, Zip Code
Phone Cell: Home:
Email
Primary Language Do you need an interpreter?
Relationship to Child

Need for Care

Reasons full-time child care services are needed (check all that apply):

☐Employment

☐Self-Employment

☐Seeking Employment

☐Training/Education

☐Special Health Need – Parent

☐Special Health Need – Child (including physical and mental health)

☐Family Support (extreme stress such as homelessness, safety, emotional stability, substance abuse)

☐Reach-Up

Case Manager Contact Information (such as Reach-Up and other support staff):

Name	Phone	Email

Location/Area you prefer for a child care program (although not guaranteed)?
Do you have access to transportation (some child care availability may be located outside of the downtown Burlington area)? ☐YES ☐NO
Is your child currently enrolled in a child care program? ☐ YES ☐NO If YES, name of program:
Are you currently on any program waiting lists? If YES, which programs? ☐YES ☐NO

Household Information

Is your household ☐Single-Parent Household ☐Two-Parent Household ☐Other
Do you ☐ Own ☐Rent ☐Live with Relatives ☐Live with Someone Else ☐ Other

Other Children in Household

Other Child #1 Name: Date of Birth: Are they enrolled in care? Y/N Program:
Other Child #2 Name: Date of Birth: Are they enrolled in care? Y/N Program:

Other Child #3 Name: Date of Birth: Are they enrolled in care? Y/N Program:
Other Child #4 Name: Date of Birth: Are they enrolled in care? Y/N Program:

Household Income

Documents to verify income **MUST** be included when submitting your application (see page 5 for details).

Earned Income received by adult member of household:

Earned Income #1

Name of Individual Earning Income
Source of Income (include **employer name** or list as **self-employed**)
Employment Start Date (month & year)
Gross Monthly Amount (before deductions)

Earned Income #2

Name of Individual Earning Income
Source of Income (include **employer name** or list as **self-employed**)
Employment Start Date (month & year)
Gross Monthly Amount (before deductions)

Earned Income #3

Name of Individual Earning Income
Source of Income (include **employer name** or list as **self-employed**)
Employment Start Date (month & year)
Gross Monthly Amount (before deductions)

Unearned Income received by adult members of household (EXAMPLES include – child support, insurance benefits, SSI, unemployment benefits, veteran's benefits, Reach-Up):

Unearned Income #1

Name of Individual Earning Income
Source of Income
Gross Monthly Amount (before deductions)

Unearned Income #2

Name of Individual Earning Income
Source of Income
Gross Monthly Amount (before deductions)

Unearned Income #3

Name of Individual Earning Income
Source of Income
Gross Monthly Amount (before deductions)

Child Support paid out for children NOT LIVING in the home:

Child Support #1

Name of Individual Being Paid
Gross Monthly Amount (before deductions)

Child Support #2

Name of Individual Being Paid
Gross Monthly Amount (before deductions)

Documentation – Applications will not be dated and reviewed unless/until complete documentation is included. Scholarship funding will not begin prior to that date.

NOTE: Proof of **Burlington Residency** and **Income Eligibility ARE REQUIRED when submitting this application**. Copies of verification documents can include:

Income Documentation (include ONE)	**Burlington Residency Documentation (include ONE)**
Copies of **two current**, **consecutive** pay receipts	Copies of **two current utility bills** (electric, gas, land-line phone) – showing current address
A statement/letter from a new employer	Copy of mortgage statement
A copy of court order for child support	Copy of rental agreement
Reach-Up notification letter	Letter from landlord

NOTE: If pay receipts show your current physical, Burlington address, this document may be used to verify BOTH income & residency.

****Completed applications & documentation*** can be emailed to rreese@burlingtonvt.gov or mailed to Rebecca Reese – 131 Church Street, Suite 209, Burlington, VT 05401.

Authorizations

By signing this application, I give permission for the ELI enrollment coordinators to exchange information needed, to determine my/our eligibility for a First Steps Scholarship, with the organizations below:

- City of Burlington
- Chittenden Economic Development Office (CEDO)
- Let's Grow Kids
- Child Care Resource
- Head Start
- Reach-Up
- Listed Case Managers
- Partnering Child Care Programs (will share names and dates of birth for enrollments)

Other (list any additional agencies):

Agency Name	Contact Name, Phone, Email
Agency Name	Contact Name, Phone, Email

By signing this application, I give permission for Child Care Resource to share funding details for the Child Care Financial Assistance Program (CCFAP) and/or any subsidy funding being received, with ELI enrollment coordinators. This information will determine the amount of the First Steps Scholarship to be awarded.

NOTE: In some cases, funding and scholarship being received, may not cover the full cost of child care tuition.

By signing this application, I agree to allow the child care program where I enroll my child, to share the completed Ages & Stages Questionnaire (ASQ) with the First Steps Scholarship Program, for data purposes (a developmental screening completed each year).

I understand I will also be asked to complete a voluntary family survey with First Steps or child care program staff.

OPTIONAL: By signing this application, I give permission for the City of Burlington or Let's Grow Kids to share identification information and other data collected on this form with the University of Vermont Medical Center, the Burlington School District, and other health care providers, to evaluate and potentially expand services.

☐ NO, I decline ☐ YES, I authorize with Signature: _____

This application MUST be signed and dated to be accepted & required verification documents MUST be included.

Parent/Guardian Signature	Date
Child's Name	Date of Birth