



## ABC123 CHRISTIAN ACADEMY SCHOLARSHIP PROGRAM

Dear Scholarship Applicant:

The intent of the ABC123 CHRISTIAN ACADEMY Scholarship program is to provide financial assistance to families that might not otherwise be able to afford the full cost of high quality child care. This assistance is granted in the form of partial tuition scholarships, contingent upon the availability of funds. A copy of the scholarship policy is attached for your information.

Your scholarship application will be reviewed upon receipt by the Board of Directors. Please fill out your application completely, and submit the following items with your application.

- \_\_\_\_\_ The two most recent pay stubs for **all** employed family members;
- \_\_\_\_\_ Prior year's tax return or statement of annual earnings;
- \_\_\_\_\_ Unemployment income statements (if applicable);
- \_\_\_\_\_ Assistance documents such as social security;
- \_\_\_\_\_ Child support and/or, alimony;
- \_\_\_\_\_ Special circumstances (Refer to Page 3, No. 2);
- \_\_\_\_\_ Monthly bills: rent or mortgage payment, utilities, credit cards, car payments
- \_\_\_\_\_ You may elect to submit up to two references that would substantiate your need for a scholarship (e.g., Doctor, principle, or other appropriate professionals).

Completed applications should be submitted online to:

[scholarship@abc123ca.com](mailto:scholarship@abc123ca.com) **OR** mail to:

Ms. Tiffanay Tapp, Regional Director  
ABC123 Christian Academy  
15428 Civic Drive. Suite 245  
Victorville CA. 92392

You will be informed verbally followed by a written confirmation of the decision regarding your application.



## ABC123 CHRISTIAN Academy SCHOLARSHIP PROGRAM

### Policy Statement

It is the intent of ABC123 Christian Academy to provide financial assistance to children based on family eligibility. Financial assistance is granted in the form of partial scholarships, contingent upon the availability of funds. Determination of eligibility and the amount of the scholarship granted is by decision of the Board of Directors of ABC123 Christian Academy.

The following guidelines are used for this determination:

1. Scholarship fees will be limited as to availability of funds and limited to a total of two years per family. All funds will be directly sent to your site location in the amount of approved funding for each family.
2. Eligibility for special circumstances is determined on a case by case basis, taken such factors into consideration as job loss, illness, death, non-working, non-student parent in the home, or other situation (s) that affect the family's ability to pay.
3. All program participants will be re-qualified at least every three (3) months and must submit current financial documentation at that time. Participants must report any changes in income or family status to the director of ABC123 Christian Academy immediately.
4. Qualified applications will be kept on file for one year.
5. Scholarship (s) will be granted based on lowest income first and on a first come first served basis.

### Income Eligibility for the ABC123 Christian Academy Scholarship Program

#### Household sizeMaximum Gross Income Eligibility

<u>No of Household Members</u>	<u>Annual</u>	<u>Monthly</u>	<u>Weekly</u>
2	\$24,620.00	\$2,235.00	\$ 670.00
3	\$30,910.00	\$2,760.00	\$ 791.00
4	\$37,200.00	\$3,284.00	\$ 912.00
5	\$43,490.00	\$3,808.00	\$1,033.00
6	\$49,780.00	\$4,332.00	\$1,154.00
7	\$56,070.00	\$4,856.00	\$1,275.00

Please direct any questions you may have about the ABC123 Christian Academy scholarship program to the Director of ABC123 Christian Academy [director@abc123ca.com](mailto:director@abc123ca.com). If you are in need of further assistance, please contact Tiffanay Tapp, Regional Director of ABC123 Christian Academy at 760-243-5800 or you may email at [tiffanayt@abc123ca.com](mailto:tiffanayt@abc123ca.com).



## **Application**

Applications are available online; please see your Site Director for further details. All applications must be completed thoroughly and accurately. Records will be kept confidential, incomplete applications will **NOT** be processed.

## **Selection Process**

The Director of ABC123 Christian Academy will present the application, along with recommendations, to the Board of Directors who will make the final decision. All assistance will be based upon funds available per year and the integrity of the information provided. Applicants will be notified within two (2) weeks after the Board of Directors has reviewed their request.

## **Scholarship Tuition Payment**

Tuition payments must be made in accordance with ABC123 Christian Academy policies and procedures, and any past due amounts will cause the scholarship to be canceled without further notice.

## **Number of scholarships Available**

ABC123 Christian Academy has a maximum number of scholarships available. This number will take into account the licensed capacity of ABC123 Christian Academy, available staffing, other subsidies available, seasonal factors, and community needs. The number of scholarships may be changed at any time at the discretion of the **Board of Directors of ABC123 Christian Academy**. In the event of a reduction of scholarships, existing participants will be given three months notice before the date tuition must begin to be paid in full.

## **Eligibility**

Income eligibility-family income includes all sources: wages, spousal/child support, unemployment, social security, and any other sources of income. A household is defined as a group of related or no-related individuals who are living as one economic unit and sharing both income and living expenses.

## **Tracking Attendance**

Each month we will be tracking your child's attendance in order to show that the Scholarship Funds are being used in the best way possible. If your child misses more than 25% of preschool days, we will discontinue the scholarship funds. Payments will be made directly to the preschool after we receive a bill from them each month and funds will be credit towards current tuition payment.



**ABC123 CHRISTIAN ACADEMY SCHOLARSHIP PROGRAM CONFIDENTIAL APPLICATION**

Date: \_\_\_\_\_ Initial Application: \_\_\_\_\_ Recertification: \_\_\_\_\_

**Parent(s) (Residing in Home)**

**Mother/ Guardian Information**

_____	_____	_____
Last name	First Name	Middle initial
_____	_____	_____
Date of Birth	Social Security Number	CA Identification Number
_____		
Residential Address		
_____		
_____	_____	_____
City	State	Zip Code
_____	_____	_____
Home Phone	Cell Phone	Email Address

**Father/ Guardian Information**

_____	_____	_____
Last Name	First Name	Middle initial
_____	_____	_____
Date of Birth	Social Security Number	CA Identification Number
_____		
Residential Address		
_____		
_____	_____	_____
City	State	Zip Code
_____	_____	_____
Home Phone	Cell Phone	Email Address



**EMPLOYMENT INFORMATION**

**Mother/Guardian Information**

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Last name	First Name	Middle initial
Employer: _____		
Address: _____		
<hr/>		
City	State	Zip Code
Work Number: _____ Ext. _____		
Position: _____ Work Hours: _____ (AM) _____ (PM)		

**Father/Guardian Information**

<hr/>		
Last name	First Name	Middle initial
Employer: _____		
Address: _____		
<hr/>		
City	State	Zip Code
Work Number: _____ Ext. _____		
Position: _____ Work Hours: _____ (AM) _____ (PM)		



**INCOME VERIFICATION**

	<b>Hourly wage</b>	<b>Avg. hrs. per week</b>	<b>OR</b>	<b>Salaried Amount</b>	<b>How Often Paid</b>	<b>X here if not working</b>
<b>Adult 1</b>						
<b>Adult 2</b>						

	<b>Amount</b>	<b>How often Received?</b>
<b>Child Support</b>		
<b>Self Employment</b>		
<b>Unemployment</b>		
<b>Alimony</b>		
<b>Pensions/Annuities</b>		
<b>Workmen's Comp</b>		
<b>Public Assistance/Welfare</b>		
<b>Social Security</b>		
<b>Food Stamps</b>		
<b>Other</b>		

**CHILDREN IN FAMILY**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_



**PERSONAL REFERENCE RELEASE FORM**

Please provide two personal references

<b>Name</b>	<b>Address</b>	<b>Phone No.</b>	<b>Years Known</b>

**CHILD CARE RELEASE FORM**

<b>Name of school</b>	<b>Address</b>	<b>Phone No.</b>	<b>Name of Director</b>

**Reasons for leaving prior facility (ices) (Please check all that applies):**

- Non-payment
- Unaffordable
- Loss of Income
- Unhappy with provider
- Behavioral Issues
- Termination

**If checked termination box please briefly provide explanation:**

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## ELIGIBILITY CRITERIA

Family Size \_\_\_\_\_ ALL Income \$ \_\_\_\_\_ Annual \_\_\_\_\_ Monthly \_\_\_\_\_ Weekly \_\_\_\_\_

**Briefly explain your reasons for applying for a scholarship, with emphasis on your financial situation and needs of your child(ren).**

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Certification: I certify that the information on this application is true, and I am of legal age and a legal U.S. citizen. If any part is false, my participation in this company's scholarship program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in the spirit of confidence within the company and is accessible to me during normal business hours.

**ABC123 Christian Academy has the right to terminate this agreement at anytime if information provided is false or incorrect.**

**I certify that the above statements are true and correct.**

Signature	Signature	Date
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