



## FOSTER/ADOPT CHILD CARE SCHOLARSHIP QUALIFYING CRITERIA & SLIDING SCALE FOR WILLIAM & LOTTIE DANIEL 2022 SCHOLARSHIP PROGRAM

Parents/guardians who wish to submit an application on behalf of the foster or foster/adopt child living in their home must meet the criterion listed below. Scholarships awarded to foster or foster/adopt children travel with the child if moved in care. New caregivers will complete an additional application; however, in an effort to provide consistency for the child, he or she may remain in the program provided the child and family still qualify as listed below.

1. Must be Santa Barbara County residents
2. Have a full-time working parent(s)/guardian
3. Child attending the program must participate full-time and year-round
4. \*Family must contribute some portion of the tuition costs

Child care scholarships will be awarded in the following priority:

1. Foster/adoptive child unable to be placed in a foster home due to lack of funded childcare.
2. Foster/adoptive child currently in a foster/adopt home but parents need childcare to continue caring for the child.
3. Foster child waiting to be returned to the biological family but is unable due to the biological family's financial need.
4. Foster/adoptive child in a foster/adopt home with secure placement but family is requesting funding due to financial need.
5. Low-income children not currently in out-of-home care.

\*Monthly financial contributions are as follows:

Infant (0 to 12 months):

\$50 Annual Registration Fee

\$200 per month (normally \$1,750)

Toddler/PSR (12 to 36 months):

\$50 Annual Registration Fee

\$200 per month (normally \$1,455)

TK/Preschool (3 years through age 5):

\$50 Annual Registration Fee

\$100 per month (normally \$1,355)

K - Grade 2:

\$50 Annual Registration Fee

\$100 per month (normally \$895)



## Hope 4 Kids Sliding Scale

Income Levels	Infant	Toddler/PSR	Preschool	K-Grade 2
Up to \$40,000				
Full-time	\$1,350	\$895	\$795	\$895
Part-time	\$1,050	\$795	\$695	\$695
\$40,000-\$60,000				
Full-time	\$1,425	\$970	\$870	\$850
Part-time	\$1,125	\$770	\$670	\$650
\$60,000-\$84,000				
Full-time	\$1,500	\$1,045	\$945	\$925
Part-time	\$1,200	\$845	\$745	\$725
\$85,000-\$99,000				
Full-time	\$1,575	\$1,120	\$1,020	\$800
Part-time	\$1,175	\$920	\$820	700
Over \$99,000				
Full-time	\$1,650	\$1,195	\$1,095	\$975
Part-time	\$1,350	\$995	\$895	\$775



### FINANCIAL ASSISTANCE APPLICATION

Complete this form to the best of your knowledge and ability and return to the Hope 4 Kids office for consideration. Please complete one application for each person who is living in the home and/or is contributing income towards the child. Please include last year's tax returns, two recent paycheck stubs, proof of enrollment (if attending school), proof of monthly rent/mortgage, proof of address (such as a recent utility bill) and, if applying for a foster/adopt child, a copy of your placement agreement or a written letter of recommendation from the child's social worker. Unfortunately, incomplete applications will be returned, so please take great care in completing this application.

Today's Date: \_\_\_\_\_

Check one:

- Infant/Toddler (0-2 yrs.)  Preschool Readiness (2-3 yrs.)  Preschool (3-5 yrs.)  School Age (6+)

Please review qualifying criteria for available scholarship programs and select one:

Scholarship Program:  William & Lottie Daniel  H4K Internal Afternoon Program

#### PARENT/GUARDIAN INFORMATION

Parent/guardian name: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number (home): \_\_\_\_\_ Work/cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Your relation to child: \_\_\_\_\_

#### CHILD INFORMATION

Child's name: \_\_\_\_\_ Foster/adopt child?  Yes  No

If yes, how long has the child been living with you? \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ Child's age: \_\_\_\_\_

What is your preferred enrollment date? \_\_\_\_\_

What is your preferred enrollment schedule?  Full-time  Part-time

Please circle the days and schedule for which you need child care (circle all that apply):

Mornings (7:30am – 12:30pm)	M	T	W	TH	F
Afternoons (12:30pm – 5:30pm)	M	T	W	TH	F
Full day (7:30am – 5:30pm)	M	T	W	TH	F



**FINANCIAL ASSISTANCE AND PARENT INFORMATION**

What are your goals as a parent? \_\_\_\_\_

Please explain your reasons for needing a scholarship: \_\_\_\_\_

How much can you afford to pay towards tuition each month? \_\_\_\_\_

For how long do you anticipate needing financial support? \_\_\_\_\_

With what other program or organization(s) have you sought financial assistance? \_\_\_\_\_

Is there anything else you'd like us to know? \_\_\_\_\_

Which agency referred you? \_\_\_\_\_

How did you hear of our scholarship program? \_\_\_\_\_

Website, friend, newspaper, brochure, etc.

Please list all of the children currently living with you and their relationship to you:

Name	Date of Birth	Age	Male/Female	Relationship
------	---------------	-----	-------------	--------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**INCOME INFORMATION (IF APPLYING FOR A FOSTER OR FOST/ADOPT CHILD, SKIP THIS SECTION)**

Please list the source(s) and amount(s) of gross monthly income:

<input type="checkbox"/> Wages/Tips \$ _____	<input type="checkbox"/> CALWorks \$ _____
<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Other _____ \$ _____

What is your total gross monthly income? \_\_\_\_\_

Do you receive food stamps?  Yes  No Do you receive WIC?  Yes  No

Do you receive MediCal and/or DentiCal assistance?  Yes  No

What are your estimated utility costs (including electricity, home/cell phones, Internet, cable, Gas, etc.)? \_\_\_\_\_

What is your monthly rent/mortgage? \_\_\_\_\_

**EMPLOYER/SCHOOL INFORMATION**

Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer address: \_\_\_\_\_ City/zip: \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_ Are you full-time?  Yes  No

Name of school (if applicable): \_\_\_\_\_

Number of units on-campus: \_\_\_\_\_ On-line: \_\_\_\_\_

Are you planning on enrolling next semester?  Yes  No For how many units? \_\_\_\_\_

Please provide two professional references (people who have known you for at least one year, other than your personal friends or family):

Name and relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Application and supporting document checklist:**

- Completed Scholarship Application
- Transcripts (if attending school)
- Copy of placement agreement OR letter of recommendation from child's social worker (if applying for a foster/adopt child)
- Proof of address, such as a recent utility bill

**If applying for a child who is not a foster or fost/adopt child, please also submit:**

- Last year's tax returns
- Two recent paycheck stubs
- Proof of monthly rent/mortgage

**RETURN THIS APPLICATION AND SUPPORTING DOCUMENTS TO:**

Hope 4 Kids Early Learning Centers Scholarship Fund  
560 N La Cumbre Road, Santa Barbara, CA 93110

We will contact you as soon as possible with the results of your application. Please feel free to contact us at 682-2300 if you have questions or need assistance completing this application. **Unfortunately, incomplete applications or those sent without all supporting documents will be returned, jeopardizing your child's ability to receive funding.**

-----  
Office Use Only  
Received \_\_\_\_\_  Complete  Incomplete and returned on \_\_\_\_\_  
 Approved  Declined  On hold \_\_\_\_\_ Enrollment date \_\_\_\_\_