JANESVILLE COMMUNITY DAY CARE CENTER

UNITED WAY BLACKHAWK REGION-FUNDED SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

MOTHER

Name: _____

Address: _____

_____

Phone: _____

Employer: _____

FATHER

Name: _____

Address: _____

_____

Phone: _____

Employer: _____

MARITAL STATUS

Married ____ Unmarried ____

Separated____ Divorced ____

HOUSEHOLD

Number in Family ____

CHILDREN LIVING IN THE HOUSEHOLD

Name Date of Birth Day Care Schedule_____

_____

_____

_____

_____

CHILD CARE SUBSIDIES

Have you applied for MyWiChildCare subsidy program? No ___ Yes ___ Date: _____

Results: Accepted ____ Monthly Allocation $_____ Refused____

Reasons for not applying? Explain below:

_____

MONTHLY INCOME

SALARY/WAGES (Combine if married)		Leave Blank – office use
Attach 2 recent pay stubs from employer	Write Amount Below	
Monthly wages	_____	
Tips (not included above)	_____	
Child Support	_____	
Social Security	_____	
Alimony/Maintenance	_____	
Dividends/Interest	_____	
Real Estate Income	_____	
Bonuses	_____	
Other income not listed above	_____	
		Total $_____

ASSETS	Write Amounts Below	Leave Blank – office use
Value of home	_____	
Bank Accounts		
Checking (average balance)	_____	
Saving (average balance)	_____	
CD's	_____	
Stocks/Bonds	_____	
IRA/401K (current balance)	_____	
Other – explain	_____	
		Total $_____

MONTHLY EXPENSES

HOUSING	Write Amounts Below	Leave Blank – office use
Rent	_____	
Mortgage Payment	_____	
Property Taxes	_____	
Water (divide quarterly bill by 3)	_____	
Electricity	_____	
Gas	_____	
Cable/Satellite	_____	
Internet	_____	
Home Repair/Maintenance	_____	
Telephone/Cell phone	_____	
Other – explain	_____	Total $_____

PERSONAL	Write Amounts Below	Leave blank – office use
Food/Household Supplies	_____	
Cleaning/Laundry	_____	
Clothing	_____	
Education	_____	
Child Care (outside the center)	_____	
Gifts/Donations	_____	
Hobbies	_____	
Sports	_____	
Credit Card	_____	
Other - explain	_____	Total $_____

TRANSPORTATION	Write Amounts Below	Leave Blank – office use
Auto Payment	_____	
Year and Type_____		
Loan Balance_____		
Auto Care (gas, repairs, etc.)	_____	
Other – explain	_____	Total $_____

INSURANCE	Write Amounts Below	Leave Blank - office use
Life	_____	
Medical	_____	
Dental	_____	
Other – explain	_____	
Monthly Premiums: DO NOT include amounts entered as payroll deductions		Total $_____

MEDICAL	Write Amounts Below	Leave Blank – office use
Doctor	_____	
Dental	_____	
Prescriptions	_____	
Other – explain	_____	
Include only the amount NOT covered by insurance		Total $_____

PAYROLL DEDUCTIONS	Write Amounts Below	Leave Blank – office use
Health Insurance	_____	
Dental Insurance	_____	
Life Insurance	_____	
Flex Account	_____	
Retirement	_____	
Garnishments	_____	
United Way	_____	
Other – explain	_____	
		Total $_____

Please give a brief explanation how the United Way Blackhawk Region funded Scholarship will help your family.

DISCLOSURE STATEMENT

I certify that this is a full and correct statement of my financial condition. I agree to inform the Janesville Community Day Care Center of any and all changes in my financial situation in writing, within 14 days. I understand that failure to do so may result in discontinuing United Way Blackhawk Region funded Scholarship. I further acknowledge that my needs will be reviewed periodically and my payment to the Janesville Community Day Care Center must be current in order to be considered for any United Way Blackhawk Region funded Scholarship. I realize that a "CAP' amount will be placed on the amount of my United Way Blackhawk Region funded Scholarship per month. I realize I will be financially responsible for any and all amount over the "CAP".

I understand that in exchange for the United Way Blackhawk Region funded Scholarship, I must compete 3 volunteer hours every 6 months. Volunteer hours include but not limited to: chaperoning field trips, helping with fundraiser, center workdays, prepping for teachers, etc.

Signature: _____Date: _____

Signature: _____Date: _____

Leave Blank – office use

Total Tuition Per Month _____

Tuition % off _____

Parent Cost Per Month _____

CAP _____

Date scholarship will start _____

Next review date _____

Comments: