

BUILD, LEARN, GROW SCHOLARSHIP APPLICATION

To recognize the continued efforts of Hoosier essential workers during the COVID-19 pandemic, Indiana's new Build, Learn, Grow Scholarship Fund offers families of essential workers scholarships to help connect their children to high-quality early care and out-of-school learning opportunities. Build, Learn, Grow scholarships will cover 80% of the cost of tuition for children's early childhood and out-of-school learning programs. Scholarships will be awarded on a first-come, first-served basis between May 1-Oct. 31, 2021.

ELIGIBILITY

- 1) At least one parent or guardian serves as an essential worker, as defined by Indiana's Executive Order 20-08
- 2) The family's current income level is between 128 and 250% of the federal poverty level
- 3) The family has submitted a complete application to a qualified program

CHILD'S FULL NAME

BIRTH DATE (MM/DD/YYYY)

 / /

LAST FOUR DIGITS OF SSN

FAMILY'S STREET ADDRESS

CITY

STATE

ZIP

IS THIS CHILD OF HISPANIC, LATINO, OR SPANISH ORIGIN? (OPTIONAL)

- No, not of Hispanic, Latino, or Spanish origin Yes, Puerto Rican Yes, another Hispanic, Latino, or Spanish origin - Print origin below
 Yes, Mexican, Mexican Am., Chicano Yes, Cuban

Another Hispanic, Latino, or Spanish origin, if applicable

WHAT IS THIS CHILD'S RACIAL IDENTITY? (OPTIONAL)

- American Indian or Alaska Native - Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.

- Black or African Am. - Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

- White - Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.

- Asian Indian Filipino Native Hawaiian Another Asian Identity*
Print, for example, Pakistani, Cambodian, Hmong, etc.
 Chamorro Japanese Samoan Another Pacific Islander Identity*
Print, for example, Tongan, Fijian, Marshallese, etc.
 Chinese Korean Vietnamese

*Describe, if applicable

Prefer to Self Describe

HOUSEHOLD SIZE

GROSS MONTHLY HOUSEHOLD INCOME

CURRENT WEEKLY COST OF CARE FOR CHILD

PARENT/LEGAL GUARDIAN EMPLOYER

PARENT/LEGAL GUARDIAN JOB TITLE (TO CONFIRM ELIGIBILITY)

I hereby certify all the information provided is true and correct to the best of my knowledge. I understand submission of this application does not guarantee services will be provided. Further, I understand I will be asked to verify information supplied on this application. I also understand that providing incorrect or misleading information on any of the forms may result in immediate termination of my family's funding, repayment of any fees overpaid on behalf of my child, and criminal charges if applicable.

SIGNATURE _____

DATE _____



Office of Early
Childhood and Out-
of-School Learning