

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 between 20-80% 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 2020 and March 2022.

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 meets one of the following requirements:

| | |
|--|--|
| If your family's current income is less than 128% of the federal poverty level | You are eligible for CCDF |
| If your family's current income is between 128% and 250% of the federal poverty level | 80% of your cost of care is covered |
| If your family's current income is between 250% and 400% of the federal poverty level | 60% of your cost of care is covered |
| If your family's current income is more than 400% of the federal poverty level | 20% of your cost of care is covered |

- 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

THIS CHILD WAS ENROLLED IN CARE PRIOR TO MAY 2021. YES NO

PARENT/LEGAL GUARDIAN FULL NAME

PHONE NUMBER

 - -

EMAIL ADDRESS

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

WEEKLY COST OF CARE FOR CHILD (EXCLUDING DISCOUNTS)

EMPLOYER OF PARENT/LEGAL GUARDIAN

JOB TITLE OF PARENT/LEGAL GUARDIAN (TO CONFIRM ELIGIBILITY)

I understand I will be required to provide either two pay stubs from the past 90 days or complete an income verification form to verify my income. 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. When I submit this application to a child care provider, I consent to the release of the application to the Office of Early Childhood and Out-of-School Learning, Early Learning Indiana, and Indiana Afterschool Network. 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