



SCHOLARSHIP APPLICATION FORM

SCHOOL YEAR 2020-2021 (PAGE 1 OF 3)

- ▶ **Participants must first apply for Child Care Services with Workforce Solutions of the Coastal Bend (WSCB) at 520 N. Staples St., Corpus Christi, Texas 78401; phone: 361-882-7491. If denied or placed on a waiting list, then you may apply for the City's Scholarship. A copy of the denial or waiting list letter from WSCB will be required.**
- ▶ **To be eligible for a scholarship, all adults in the household must be working, attending school, or training 25 hours or more per week.**
- ▶ *Applicant must pay full tuition at time of registration.*
- ▶ **Incomplete application forms will not be accepted.**
- ▶ *Participants cannot receive financial assistance for child care from more than one agency.*
- ▶ *Please note that this application is only good for school year 2020-2021.*
- ▶ Do you, and/or your spouse, or other adults in household, work or attend school/training?
 Yes No If "Yes," please complete the attached form. **If "No," stop now!** ◀ ◀ ◀

1. **In order to process your application, YOU and ALL ADULTS in household MUST SUBMIT all the necessary documents:**

ALL applicants MUST submit:

- A. **Copies of the last 4 pay stubs or a typed letter from your employer stating the amount you are paid and how often** (weekly, bi-weekly, monthly, etc.).
- B. If receiving child support, submit a **copy of your Child Support Agreement**.
If you state that no child support has been received, you must submit letter from Texas Attorney General's Office to verify your statement. (Texas Attorney General's Office address: 2820 South Padre Island Drive, Suite 298, Corpus Christi, TX 78415; Phone: 361-851-5024)
- C. Copy of official class schedule if attending school, if applicable.
- D. Copy of denial or waiting list letter from Workforce Solutions of the Coastal Bend.

2. **YOU MUST SUBMIT DOCUMENTS WITHIN ONE WORK DAY.**

Qualified applicants will be credited tuition difference. Applications submitted after the first day of the week will take effect the following week.

For scholarship questions, contact Stephanie Vasquez at StephanieV2@cctexas.com or **361-826-3453**.

- ▶ ▶ ▶ You will be contacted *if an **interview** is necessary* upon review of your submitted application.

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FOR STAFF USE ONLY Payment \$: _____ Per Child. Scholarship #: _____

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SCHOOL YEAR 2020-2021 (PAGE 2 OF 3)

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SCHOLARSHIP CHECKLIST:
___ Workforce Solutions letter
___ 4 pay stubs or typed letter
___ College schedule, if applicable
___ Child support letter

DATE: _____
PROGRAM: _____
SITE: _____

1. Name of child(ren) for whom scholarship is being requested:
Name: _____ Grade: _____

2. Name of Parent(s) or Guardian(s): _____
Address: _____
Telephone (H): _____ (W): _____ SSN: _____

3. **MUST LIST ALL NAMES and ages of EVERYONE** living in the same household, including parents or guardians.
Name: _____ Age: _____ Name: _____ Age: _____

STOP! Did you supply all the information for numbers 1-3? If not answered, YOU will delay the processing of your application.

4. Place of employment: _____ Telephone (W): _____
Address of employment: _____ City/ZIP: _____
What **DAYS** do you work? (If your schedule varies, write all possible scheduled days.) _____

(If your hours vary, write all possible scheduled hours.) _____

Hourly wage: \$ _____ How many **HOURS A WEEK** do you work? _____

How often do you get paid? Weekly Every 2 weeks Monthly
 Twice a month (on the _____ and _____ of the month)

FOR STAFF USE ONLY
Child Support: \$ _____
Annual Income: \$ _____

5. **SPOUSE'S/OTHER ADULT'S** place of employment: _____ Telephone (W): _____
Address of employment: _____ City/ZIP: _____
What **DAYS** do you work? (If your schedule varies, write all possible scheduled days.) _____

(If your hours vary, write all possible scheduled hours.) _____

Hourly wage: \$ _____

How often do you get paid? Weekly Every 2 weeks Monthly
 Twice a month (on the _____ and _____ of the month)

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Annual Income: \$ _____
Total Household Income: \$ _____

Termination: _____
Update: _____
Start Date: _____
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Parent: _____
 Child: _____
 Site: _____

6. PLEASE INDICATE THE AMOUNT YOU OR ANYONE IN YOUR HOUSEHOLD ARE RECEIVING FOR ANY OF THE FOLLOWING BENEFITS:

Alimony	\$
Child Support	\$
Unemployment	\$
Workers Compensation	\$
School Grant	\$
Social Security	\$
Other	\$

If you are a single parent and do not receive child support, you must provide proof. (See 2.C. on page 1.)

7. Do **YOU** attend school or training? Yes No If so, provide copy of **class schedule**.

Name of School: _____ Phone#: _____

Address of School: _____ City/ZIP: _____

Days of participation: _____ Hours of participations: _____

8. Does **YOUR SPOUSE/OTHER ADULT IN HOUSEHOLD** attend school or training? Yes No

Name of School: _____ Phone#: _____

Address of School: _____ City/ZIP: _____

Days of participation: _____ Hours of participations: _____

9. I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that the information I provided will be used to determine eligibility and that I may be required to document the accuracy of the information. The information is subject to external verification and may be released for such purposes. I am also aware that I am subject to immediate termination from the scholarship program if information is found to be incorrect.

Parent's Signature: _____ Date: _____

FOR PARKS & RECREATION DEPARTMENT STAFF USE ONLY:	Approved#: _____ Denied #: _____
	Comments: _____

	Employee's Signature: _____ Approval Date: _____
	Name of Parent Notified: _____ Date: _____
Notified by (Site Supervisor): _____	

FOR STAFF USE ONLY