

## SCHOLARSHIP APPLICATION FORM

SCHOOL YEAR 2024-2025 (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 2024–2025.
- 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 <u>StephanieV2@cctexas.com</u> or **361-826-3453**.

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

#### Corpus Christi Parks & Recreation • Live. Learn. Play! Visit www.ccparkandrec.com

The City of Corpus Christi promotes participation regardless of race, color, national origin, sex, age, religion, disability or political belief. Reasonable accommodations are provided upon request and in accordance with the Americans with Disabilities Act. A Reasonable Accommodations form is provided to all parents of children registered in the After Hour Kid Power program. Please submit your request at least (5) five business days in advance or call (361) 826-3499. Upon request, this information can be available in large print or digital file.

\_\_ Per Child. Scholarship #: \_



# **SCHOLARSHIP APPLICATION FORM**

SCHOOL YEAR 2024-2025 (PAGE 2 OF 3)

SITE:	DATE: PROGRAM:				AFF USE ON
Name of child(ren) for whom scholarship is being requested:       CHECKLIST:         Name:       Grade:				SCI	HOLARSHIP
if applicable			arship is being requested:		HECKLIST: arce Solutions atubs or typed
Address:				if applic	cable
Address:	Name of Parent(s) or Guardia	an(s):			
MUST LIST ALL NAMES and ages of EVERYONE living in the same household, including parents or         Name:       Age:       Name:       Age:         Name:       Age:       Name:       Age:         STOP! Did you supply all the information for numbers 1-3? If not answered, YOU will delap       STOP! Did you supply all the information for numbers 1-3? If not answered, YOU will delap         processing of your application.       Telephone (W):	Address:				
Name:       Age:       Name:       Age:         STOP! Did you supply all the information for numbers 1-3? If not answered, YOU will dela         processing of your application.         Place of employment:	Telephone (H):	(W):	·····	SSN:	
Name:       Age:       Name:       Age:         STOP! Did you supply all the information for numbers 1-3? If not answered, YOU will dela         processing of your application.         Place of employment:			I divine to the s		a
STOP! Did you supply all the information for numbers 1-3? If not answered, YOU will delaprocessing of your application.         Place of employment:				ne nousehold, includir	
processing of your application.         Place of employment:	Name:	Age:	Name:		Ag
processing of your application.         Place of employment:					
(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 O         Child Support: \$	processing of your applied Place of employment:	ication.			
(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)   Child Support: \$   Annual Income: \$   SPOUSE'S/OTHER ADULT'S place 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	processing of your applie Place of employment: Address of employment:	ication.	C	Telephone (W): ity/ZIP:	
How often do you get paid? Weekly Every 2 weeks Monthly   Twice a month (on the and of the month) Child Support: \$   Child Support: \$ Annual Income: \$   SPOUSE'S/OTHER ADULT'S place of employment:   Address of employment:	processing of your applie Place of employment: Address of employment:	ication.	C e all possible sched	Telephone (W): ity/ZIP: duled days.)	
Twice a month (on the and of the month)   FOR STAFF USE O Child Support: \$ Annual Income: \$ SPOUSE'S/OTHER ADULT'S place of employment: Telephone (W): Address of employment: Telephone (W): Address of employment: Telephone (W): Mhat DAYS do you work? (If your schedule varies, write all possible scheduled days.) (If your hours vary, write all possible scheduled hours.) Hourly wage: \$ Hourly wage: \$ How often do you get paid? Weekly Every 2 weeks Monthly Annual Income: \$ Annual Income: \$ Telephone (W): Telephone (W): Telephone (W): Telephone (W): Telephone (W): Annual Income: \$	processing of your applied Place of employment: Address of employment: What <b>DAYS</b> do you work? (I	ication.	cie all possible sched	Telephone (W): ity/ZIP: duled days.)	
I wice a month (on the and or the month)  Child Support: \$ Annual Income: \$ SPOUSE'S/OTHER ADULT'S place of employment: Telephone (W): Address 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.)  FOR STAFF USE ONL Hourly wage: \$ How often do you get paid? Weekly Every 2 weeks Monthly	processing of your applie Place of employment: Address of employment: What <b>DAYS</b> do you work? (I  (If your hours vary, write all p	ication. If your schedule varies, writ	ce all possible sched	Telephone (W): ity/ZIP: duled days.)	
Annual Income: \$	processing of your applie Place of employment: Address of employment: What <b>DAYS</b> do you work? (I (If your hours vary, write all p  Hourly wage: \$	ication. If your schedule varies, writ possible scheduled hours.)	ci ce all possible sched Ci ce all possible sched	Telephone (W): ity/ZIP: duled days.) k?	
SPOUSE'S/OTHER ADULT'S place of employment:	processing of your applie Place of employment: Address of employment: What <b>DAYS</b> do you work? (I  (If your hours vary, write all p Hourly wage: \$ How often do you get paid?	ication. If your schedule varies, writ possible scheduled hours.) How many <b>HOURS A V</b> Weekly Every 2 v	C e all possible sched <b>VEEK</b> do you wor veeks Monthly	Telephone (W): ity/ZIP: duled days.) k?	
Address of employment:City/ZIP: What <b>DAYS</b> 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 Annual Income: \$	processing of your applie Place of employment: Address of employment: What <b>DAYS</b> do you work? (I  (If your hours vary, write all p Hourly wage: \$ How often do you get paid?	ication. If your schedule varies, writ possible scheduled hours.) How many <b>HOURS A V</b> Weekly Every 2 v	C e all possible sched <b>VEEK</b> do you wor veeks Monthly	Telephone (W): ity/ZIP: duled days.) k? FOR ST.	AFF USE ON
What DAYS do you work? (If your schedule varies, write all possible scheduled days.)   (If your hours vary, write all possible scheduled hours.) FOR STAFF USE ONL Hourly wage: \$ How often do you get paid? □ Weekly □ Every 2 weeks □ Monthly Annual Income: \$	processing of your applie Place of employment: Address of employment: What <b>DAYS</b> do you work? (I  (If your hours vary, write all p Hourly wage: \$ How often do you get paid?	ication. If your schedule varies, writ possible scheduled hours.) How many <b>HOURS A V</b> Weekly Every 2 v	C e all possible sched <b>VEEK</b> do you wor veeks Monthly	Telephone (W): ity/ZIP: duled days.) k? FOR ST.	AFF USE ON
What DAYS do you work? (If your schedule varies, write all possible scheduled days.)   (If your hours vary, write all possible scheduled hours.) FOR STAFF USE ONL Hourly wage: \$ How often do you get paid? □ Weekly □ Every 2 weeks □ Monthly Annual Income: \$	processing of your applie Place of employment: Address of employment: What <b>DAYS</b> do you work? (I  (If your hours vary, write all p Hourly wage: \$ How often do you get paid? Twice a month (on the	ication. (f your schedule varies, writ possible scheduled hours.) How many <b>HOURS A V</b> Weekly Every 2 v and of the month)	Ci se all possible sched NEEK do you wor veeks Monthly	Telephone (W): ity/ZIP: duled days.) k? FOR ST Child Suppor Annual Incor	AFF USE ON rt: \$ ne: \$
Hourly wage: \$       FOR STAFF USE ONL         How often do you get paid? [] Weekly [] Every 2 weeks [] Monthly       Annual Income: \$	processing of your applie         Place of employment:         Address of employment:         What DAYS do you work? (I         (If your hours vary, write all p         Hourly wage: \$         How often do you get paid?         Twice a month (on the)         SPOUSE'S/OTHER ADUL         Address of employment:	ication. If your schedule varies, writ possible scheduled hours.) How many HOURS A V Weekly Every 2 v and of the month	Circle constraints of the sector of the sect	Telephone (W): ity/ZIP: duled days.) k? Child Suppor Annual Incor Telephone	AFF USE ON rt: \$ ne: \$ e (W):
Hourly wage: \$ How often do you get paid?  Weekly  Every 2 weeks  Monthly  Annual Income:  \$	processing of your applie         Place of employment:         Address of employment:         What DAYS do you work? (I         (If your hours vary, write all p         Hourly wage: \$         How often do you get paid?         Twice a month (on the)         SPOUSE'S/OTHER ADUL         Address of employment:	ication. If your schedule varies, writ possible scheduled hours.) How many HOURS A V Weekly Every 2 v and of the month	Circle constraints of the sector of the sect	Telephone (W): ity/ZIP: duled days.) k? Child Suppor Annual Incor Telephone	AFF USE ON rt: \$ ne: \$ e (W):
Hourly wage: \$ How often do you get paid?  Weekly  Every 2 weeks  Monthly  Annual Income:  \$	processing of your applie         Place of employment:         Address of employment:         What DAYS do you work? (I         (If your hours vary, write all p         Hourly wage: \$         How often do you get paid?         Twice a month (on the         SPOUSE'S/OTHER ADUL         Address of employment:         What DAYS do you work? (I	ication. If your schedule varies, writ possible scheduled hours.) How many HOURS A V Weekly Every 2 v and of the month T'S place of employment: If your schedule varies, writ	Circle all possible sched	Telephone (W): ity/ZIP: duled days.) k? Child Suppor Annual Incor Telephone ity/ZIP: duled days.)	AFF USE ON rt: \$ ne: \$ e (W):
How often do you get paid? 🗌 Weekly 🗌 Every 2 weeks 🗌 Monthly 🛛 Annual Income: 💲	processing of your applie         Place of employment:         Address of employment:         What DAYS do you work? (I         (If your hours vary, write all p         Hourly wage: \$         How often do you get paid?         Twice a month (on the         SPOUSE'S/OTHER ADUL         Address of employment:         What DAYS do you work? (I         (If your hours vary, write all p	ication.  If your schedule varies, writ possible scheduled hours.) How many HOURS A V Weekly Every 2 v and of the month  .T'S place of employment: If your schedule varies, writ possible scheduled hours.)	Ci	Telephone (W): ity/ZIP: duled days.) k? Child Suppor Annual Incor Telephone ity/ZIP: duled days.)	AFF USE ON rt: \$ ne: \$ e (W):
Twice a month (on the and of the month) I Total Household Income: \$	processing of your applie         Place of employment:         Address of employment:         What DAYS do you work? (I         (If your hours vary, write all p         Hourly wage: \$         How often do you get paid?         Twice a month (on the         SPOUSE'S/OTHER ADUL         Address of employment:         What DAYS do you work? (I         (If your hours vary, write all p	ication.  If your schedule varies, writ  possible scheduled hours.)  How many HOURS A V  Weekly Every 2 v  and of the month  T'S place of employment:  If your schedule varies, writ  possible scheduled hours.)	Ci	Telephone (W): ity/ZIP: duled days.) k? Child Suppor Annual Incor Telephone ity/ZIP: duled days.)	AFF USE ON rt: \$ ne: \$ e (W):
	processing of your applie         Place of employment:         Address of employment:         What DAYS do you work? (I         (If your hours vary, write all p         Hourly wage: \$         How often do you get paid?         Twice a month (on the         SPOUSE'S/OTHER ADUL         Address of employment:         What DAYS do you work? (I         (If your hours vary, write all p         Hourly wage: \$	ication.	Ci ce all possible sched <b>NEEK</b> do you wor veeks ☐ Monthly Ci ce all possible sched ks ☐ Monthly	Telephone (W): ity/ZIP: duled days.) k? / FOR ST. Child Suppor Annual Incor Telephone ity/ZIP: duled days.) FOR STAFF Annual Income:	AFF USE ON rt: \$ ne: \$ e (W): F USE ONLY \$

## SCHOLARSHIP APPLICATION FORM SCHOOL YEAR 2024-2025 (PAGE 3 OF 3)

Parent:

Child:

Site:

FOR STAFF USE ONLY

### PLEASE INDICATE THE AMOUNT YOU OR ANYONE IN YOUR HOUSEHOLD ARE RECEIVING FOR 6. ANY OF THE FOLLOWING BENEFITS: Alimony \$ Ś Child Support Ś Unemployment Ś Workers Compensation \$ School Grant Ś 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**. \_\_\_\_\_ Phone#: \_\_\_\_\_ Name of School: 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 \_\_\_\_\_\_ Phone#: \_\_\_\_\_ Name of School: 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: Approved#: \_\_\_\_\_ Denied #: \_\_\_\_\_ FOR PARKS & RECREATION DEPARTMENT Comments: STAFF USE ONLY:

Employee's Signature: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Name of Parent Notified: \_\_\_\_\_\_ Date: \_\_\_\_\_\_

Notified by (Site Supervisor):