



# 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 [StephanieV2@cctexas.com](mailto:StephanieV2@cctexas.com) 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](http://www.ccparkandrec.com)



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

# SCHOLARSHIP APPLICATION FORM

## SCHOOL YEAR 2024–2025 (PAGE 2 OF 3)

FOR STAFF USE ONLY

**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)

FOR STAFF USE ONLY

Annual Income: \$ \_\_\_\_\_  
 Total Household Income: \$ \_\_\_\_\_

Termination: \_\_\_\_\_  
 Update: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
**FOR STAFF USE ONLY**

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

Parent: \_\_\_\_\_

Child: \_\_\_\_\_

Site: \_\_\_\_\_

FOR STAFF USE ONLY

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: \_\_\_\_\_

<b>FOR PARKS &amp; RECREATION DEPARTMENT STAFF USE ONLY:</b>	Approved#: _____ Denied #: _____
	Comments: _____
	_____
	_____
	_____
	Employee's Signature: _____ Approval Date: _____
Name of Parent Notified: _____ Date: _____	
Notified by (Site Supervisor): _____	