

Sports CLUB Scholarship Application

Parent's Name: _____ Today's Date: _____

Name of Child/Children: _____ School: _____

Eligibility Requirements:

The Sports CLUB Scholarship Program is available to families who meet the following eligibility requirements:

Low-income families that are in need of childcare.

Parent(s) must work to be eligible.

- Two Parent families must work at least **200** hours per month between the two parents. Both parents must be employed unless disabled.
- A single parent must work **100** hours per month.
- A parent attending school full time must work **40** hours per month. Documentation of school enrollment is required.
- Families with a parent absent from the household must receive child support under a court order or comply with the Child Support Enforcement Division.
- Teen parents attending high school, GED, or equivalency program are not required to work.

Scholarship Information:

- Scholarship deadline for school year processing is September 7th of every year.
- Scholarship deadline for summer processing is May 1st of every year.
- If scholarships are not turned in by deadline they will be placed on hold or placed on a waiting list.
- Scholarships are **NOT** retroactive.
- Scholarships are the result of the generosity of Sports CLUB supporters and are awarded with out regard to race, religion, sex, national origin, or status.

**** Please allow 2-3 weeks for processing.**

Application Requirements Checklist: ** Incomplete Applications will not be processed**

- Completed Sports CLUB Scholarship Application (all Sections complete, initialed, signed, and dated).
- Documentation of monthly household income including (but not limited to):
 - Earned income (paystubs, tax forms, and notarized letters).
 - Child support received.
 - SSI, Unemployment, Worker's Compensation.
 - Money or benefits from any other source.
- For children 8 years of age and under:** Ineligibility or waiting list documentation from the Early Learning Coalition of Southwest Florida office (ELC) 239-213-1137.

Check all that apply as to why you need childcare:

- Work hours in which the parents are not available to care their children.
- Parent school hours.
- Emergency situation (domestic violence, family in crisis, homeless status).

Parent/Guardian Information:

Name:		
Marital Status:	Phone #:	Work #:
Mailing Address:		
E-mail Address:		

Household Information:

- To determine your childcare scholarship, we need to have information about the monthly income received by all members of your household.
- List **ALL** members of yours household, even if they do not have an income.
- Income includes (but is not limited to), earned income, child support, SSI, Unemployment, Worker’s Compensation, and/or money or benefits received from any other source.
- Verification of income received/ earned is **required**. Documentation includes: copies of checks, money orders, letters of benefit awards, and tax forms.
- **Documentation of the last 4 weeks must be included.**
- If no income is received by a household member, list zero as their income.

Adult Members of Household:

*Include ALL adult members of the household in this section (if they do not receive income, list as “zero”).

Full Name	Date of Birth	Male or Female	Place of Employment	Monthly Income

Minor Members of Household:

*Include ALL Minor members present in the household (list child support under monthly income).

Full Name	Date of Birth	Male or Female	Grade	School Attends	Monthly Income

Parent Responsibilities:

****Initial each line as your read****

1. I will report the following changes to Sports CLUB within **10-calendar days**:
 - A. _____ Change of employment for any household member.
 - B. _____ Change in employment status (i.e. wages and hours).
 - C. _____ Changes in residence or mailing address.
 - D. _____ Loss or addition of a household member.
 - E. _____ Changes in parent's school attendance/class schedule.

2. I understand that my child must:
 - A. _____ Attend a minimum of 12 day per month.
 - B. _____ If child/children exceeds the allowed number of absent days, the parent must provide documentation with explanation (i.e. doctors note).

3. I am responsible for paying my own childcare until:
 - A. _____ Determined to be eligible for assistance.
 - B. _____ Letter of approval has been issued from scholarship committee.
 - C. _____ Funding becomes available and family is selected from a waiting list.

4. I understand that I must submit payment for all parent fees and understand the following conditions:
 - A. _____ Annual \$40 registration fee must still be paid in full by parent.
 - B. _____ Weekly payments are due the first day my child/children attend each week.
 - C. _____ Scholarship rates are not valid for the last two weeks of summer camp at SCC.
 - D. _____ **Account must stay current and not become past due.**

5. I understand that my Sports CLUB scholarship can be terminated if:
 - A. _____ My family becomes ineligible.
 - B. _____ Program funds become unavailable.
 - C. _____ Non-payment/past due account.
 - D. _____ Child attendance is below 12 days per month.

6. I understand that I must:
 - A. _____ Re-submit updates income verification by May 1st of the current year to continue scholarship throughout summer months.
 - B. _____ I understand that with failure to re-submit information by May 1st, my scholarship will become inactive after the last day of school of the current year.

By signing below, the applicant attests that the foregoing is true and accurate. The applicant acknowledges that he/she subjects his/herself to all criminal and civil liability that may arise from submitting a false application. The applicant acknowledges that should any forgoing information be false, the applicant is liable for repayment to Sports CLUB for ant costs and funds given to the applicant.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____