



United Way of York County  
140 East Market Street, York PA 17401  
Phone: 717-843-0957 Fax: 717-843-4082

## **Confidential Application Early Childhood Education Scholarship Program**

United Way of York County values how positive early learning experiences can affect a child for their lifetime. United Way supports York County families on their journey towards finding affordable quality early learning experiences for their children. Our goal is to assist working households on their journey toward financial stability.

### **Eligibility Requirements**

To qualify for a scholarship, the parent(s) of the student(s) must either **reside or be employed by a company located in York County. If you are approved for Child Care Works subsidies, you are ineligible to receive a scholarship.** There must be one full-time employed person in the household. The student must be a resident of Pennsylvania. An eligible student is a child **6 weeks through 5 years of age.** If a scholarship recipient turns 6 years of age during the period of the award, the scholarship will be awarded through the month of the child's sixth birthday. The child must attend an approved program and be a member of a household with an annual household income of no more than \$100,000. The child must attend a Keystone STARS 3 or 4 center to be eligible.

Prior to filling out the application, families should work with their Center Director to determine if any other financial assistance is available. Families **must** utilize other financial assistance available first.

If a family is awarded a scholarship, they must complete a post-award survey within one month. Scholarship payments will not occur until the post-award survey is completed.

\*Please note that scholarships are not provided for children once they enter kindergarten, and we do not offer scholarships for before- and after-care programs.

Not sure if your center is a Keystone STARS 3 or 4? Please contact **childcare@unitedway-york.org** or call **717-843-0957 ext. 815.**



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## **Early Childhood Education Scholarship Program Application**

Approval of applications will be based on availability of funds. All scholarship awards are paid directly to the program on behalf of the students and should be credited by the school to the students account on a monthly basis. Scholarship awards may not exceed the actual amount of tuition charged by the program, including other scholarships and tuition assistance for the child, nor shall the scholarship exceed the amount of tuition charged to non-scholarship students. Every March, parent/guardians must reapply for the scholarships. Please allow up to two weeks for communication regarding status of an application.

### **1. Name of parent(s) or guardian(s) residing with student (and primary custodian)**

Name (Please print neatly): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Name (Please print neatly): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### **2. Primary contact information (Please print neatly)**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School District: \_\_\_\_\_

If you **do not** reside in York County, please provide the following:

Place of Employment: \_\_\_\_\_

Company Address: \_\_\_\_\_

### **3. Please provide information for each dependent applying for a scholarship.**

Child: _____	_____	_____
Full Name (First, MI, Last)	Age	Birthdate

Name of Early Education Center: \_\_\_\_\_

Start Date: \_\_\_\_\_ Number of Days per Week: \_\_\_\_ Number of Hours per Day: \_\_\_\_

Have you applied for childcare assistance from Child Care Works subsidy (CCW)?

Yes No

Are you currently receiving child care assistance from Child Care Works subsidy (CCW)?

Yes No

Is your child a Pennsylvania resident? Yes No



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Child: \_\_\_\_\_  
 \_\_\_\_\_ Full Name (First, MI, Last) \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Name of Early Learning Center: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Number of Days per Week: \_\_\_\_\_ Number of Hours per Day: \_\_\_\_\_

Have you applied for childcare assistance from Child Care Works subsidy (CCW)?

Yes No

Are you currently receiving child care assistance from Child Care Works subsidy (CCW)?

Yes No

Is your child a Pennsylvania resident? Yes No

**4. Please list the name and relationship of ALL ADDITIONAL individuals living in the same household as the applicant(s) and child(ren).**

Name	Relationship to parent/ guardian	Age	Dependent	
_____	_____	_____	yes	no
_____	_____	_____	yes	no
_____	_____	_____	yes	no
_____	_____	_____	yes	no
_____	_____	_____	yes	no

Please list name(s) of employed household member(s): \_\_\_\_\_

5. **Attach** a complete photocopy of your most recent **Federal IRS Tax Return- Form 1040, 1040A, or 1040EZ** Forms for **ALL** wage earning individual(s) residing with the applicant. If you do not file an IRS Form 1040 and receive only nontaxable income please submit documentation/verification of your nontaxable income. (This is required for acceptance of this application).

Total yearly household income from all sources (including income not listed on taxes): \$ \_\_\_\_\_

6. **Signature of Parent(s) or Guardians(s)**

**I/We** certify that all information on this form, as well as all supporting documentation, is true, correct, and complete to the best of my/our knowledge and that all household income has been reported. I/We understand that deliberate misrepresentation of this information may result in the scholarship being denied or revoked.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_



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### **Early Childhood Education Scholarship Program – Policy and Procedures**

1. The amount of scholarship paid for any individual students shall not exceed the actual stated tuition and fee charges by the school.
2. The scholarship will be paid directly to the school on behalf of the students. The family shall not receive any direct cash benefit from the scholarship.
3. Scholarships will be based on availability of funding. All eligible families must reapply every March or September (based on when you applied) and scholarships are awarded on a first-come, first-served basis by both approved programs and by overall application submission date and times. Scholarships funds will only be distributed for approved awards once United Way receives monthly attendance records and an invoice from the program and completed post-award survey.
4. The school must credit the scholarship to the students account on a prorated monthly basis.
5. The school and the parent must notify United Way immediately of a student withdraws, is removed from the school, or otherwise becomes ineligible for scholarship funding.
6. Acceptance of this scholarship does not exempt the family or student from abiding by the policies of the school. The school has the right to remove a child from the program for failure to abide by their policies.
7. Scholarship funds may not be used to hold a space for a student who is not actively attending the program. Children who are absent for 10 consecutive days without a medical excuse will automatically be removed from the scholarship program. Proof of medical illness may be required for approval of the medical exception.
8. Prior to filling out the application, families should work with their Center Director to determine if any other financial assistance is available. Families **must** utilize other financial assistance available first.
9. Selection of the scholarship will be determined without regard to race, color, gender, religion, or similar characteristics of the applicants. Scholarship amounts are based on a sliding income scale determined by United Way as well upon the availability of funds, number of approved programs, and the number of eligible applicants.
10. All applications must be fully completed by the applicant in order for the application to be considered, including the Application Form, a copy of the most recent Federal Income Tax Return, and a Center Agreement verifying enrollment and tuition.
11. All application information will be maintained by United Way of York County in the strictest confidentiality, including income information.

By signing this form, we agree to abide by the Seedlings Scholarship Program Policies and Procedures. Further, we acknowledge that failure to abide by these policies and procedures may result in the student's removal from the scholarship program and the parent or guardian will be responsible for any monies owed to the school. **(THIS FORM MUST BE RETURNED WITH THE APPLICATION)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date