



Dear Scholarship Applicant:

The intent of the Irvine Children's Fund (ICF) Scholarship Program is to provide financial assistance to Irvine Child Care Project children based on family eligibility. This assistance is granted in the form of partial tuition scholarships, contingent upon the availability of funds. A copy of the scholarship policy is attached for your information.

Your scholarship application will be reviewed upon receipt. Please fill out your application as completely as possible. You must submit the following items with your application:

- Two of the most recent pay check stubs for all employed family members.
- Prior year's tax return
- Prior year's statement of annual earnings (W-2, 1099)
- Other financial documentation, such as unemployment income statements, assistance documents, child support, alimony, social security, or other pertinent financial information.

Completed applications should be returned to:

ICCP
One Civic Center Plaza
P.O. Box 19575
Irvine, CA 92623-9575

You will be informed in writing of the decision regarding your application. Please direct any questions you may have about the ICCP/ICF Child Care Scholarship Program Office at (949) 724-6638.



Child Care Scholarship Policies and Procedures

The goal of the Irvine Children's Fund (ICF) and the Irvine Child Care Project (ICCP) is to provide financial assistance and assure quality child care services to the children of working families in need. Financial assistance is granted in the form of partial scholarships, contingent upon the availability of funds. Determination of eligibility and the amount of the scholarship granted is by decision of the ICF/ICCP Scholarship Committee. The following are ICF/ICCP Policies and Procedures, which are also used to determine eligibility:

1. Working families requesting assistance must reside and/or work in Irvine
2. The child must be attending an IUSD school.
3. Assistance is given to families whose children are currently enrolled in ICCP programs, although those anticipating enrollment may also apply.
4. Qualifying family income must meet current H.U.D. median guidelines, based on family size.
5. Scholarships will not exceed 50% of child care fees and are limited to a total of two years per child. Children who receive funding in Kindergarten are eligible to apply for a one-time extension until completion of the third grade.
6. Annual recertification is required to reevaluate eligibility; however, participants may be required to recertify as frequently as every six months and must submit current financial documentation.
7. Adult students must be employed in order to qualify. Proof of ongoing class enrollment must be submitted for each semester or training period.
8. Eligibility based on special circumstances will be determined on a case-by-case basis, taking such factors into consideration as job loss, relocation, illness, death or other situation(s) which affect the family's ability to pay.
9. A one-time only short-term Emergency scholarship, not to exceed \$500 per family, may be available under special circumstances and availability of funds.
10. **Participants must report any changes in income or family status to the ICCP Office at (949) 724-6638, immediately.**
11. Pre-Qualified applicants placed on the waiting list will be kept on file for one year. When scholarship funds become available, pre-qualified applicants must submit current financial documentation. After one year, applicants must reapply.

Scholarship program priorities are as follows:

1. Irvine residents
2. Children who are currently enrolled in an ICCP child care program
3. Lowest income
4. Previous recipients on waiting list due to unemployment or disability
5. The order in which received



Scholarship Application

Date: _____ Check One: Initial Application Recertification

Have you applied for an ICCP scholarship in the past? Yes No

Date of application: _____

Are you eligible or are you enrolled in an ICCP Program? Yes No

If yes, please indicate which ICCP Site: _____

Are you on the Children's Home Society of California's Centralized Eligibility List? Yes No

If not, please call (714) 543-2273 to be placed on the CHS Centralized Eligibility List.

Personal information (Responsible Party)

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Alternate/ Emergency Phone: _____

List all children living in the home

Check if applying for funding.

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Reporting Requirements (for statistical purposes only)

Ethnicity

Check **ONE**:

Hispanic/Latino Non-Hispanic/Non-Latino

Check **ALL** that apply:

American Indian or Alaska Native

Caucasian/White

Asian

Native Hawaiian or Pacific Islander

Black or African American

Other Multiple Race



Reporting Requirements, continued (for statistical purposes only)

Family Status

✓ Check **ALL** that apply:

- | | |
|---|---|
| <input type="checkbox"/> Single Parent/Guardian | <input type="checkbox"/> Employed Full-Time |
| <input type="checkbox"/> Two Parents | <input type="checkbox"/> Employed Part-Time |
| <input type="checkbox"/> Female Head of Household | <input type="checkbox"/> Seeking Employment |
| <input type="checkbox"/> Full-Time Student | <input type="checkbox"/> Other: _____ |

Financial Information

✓ Check **ALL** that apply and attach official documentation of financial sources:

- | | | | |
|--|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Wages/Salary | <input type="checkbox"/> Bi-weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Unemployment |
| | <input type="checkbox"/> Yearly | | |
| <input type="checkbox"/> Spousal Support | | <input type="checkbox"/> Social Security | |
| <input type="checkbox"/> Child Support | | <input type="checkbox"/> Temporary Assistance | |
| <input type="checkbox"/> Other: | _____ | | |

Total Monthly Income: \$ _____

Briefly explain your purpose of applying for an ICCP Scholarship:

Please read the statements below, check the boxes to the right, sign and date before submitting application.

- I certify the above information and statements are true to the best of my knowledge.
- I have read and understand the policies and procedures of the ICCP Scholarship Program.

Signature _____
Date