



SCHOLARSHIP APPLICATION

Complete this form to the best of your knowledge and ability and return to the Hope 4 Kids office for consideration. Please complete one application for each person who is living in the home and/or is contributing income towards the child. Please include last year's tax returns, two recent paycheck stubs, proof of enrollment (if attending school), proof of monthly rent/mortgage, proof of address (such as a recent utility bill) and, if applying for a foster/adopt child, a copy of your placement agreement or a written letter of recommendation from the child's social worker. Unfortunately, incomplete applications will be returned, so please take great care in completing this application.

Today's Date: _____

Check one:

Infant/Toddler (0-2 yrs.) Preschool Readiness (2-3 yrs.) Preschool (3-5 yrs.) Kindergarten

Please review qualifying criteria for available scholarship programs and select one:

Scholarship Program: William & Lottie Daniel H4K Internal Afternoon Program

PARENT/GUARDIAN INFORMATION

Parent/guardian name: _____

Home address: _____ City: _____ Zip: _____

Phone number (home): _____ Work/cell: _____

Email: _____

Emergency contact name: _____ Phone: _____

Your relation to child: _____

CHILD INFORMATION

Child's name: _____ Foster/adopt child? Yes No

If yes, how long has the child been living with you? _____

Child's date of birth: _____ Child's age: _____

What is your preferred enrollment date? _____

What is your preferred enrollment schedule? Full-time Part-time

Please circle the days and schedule for which you need child care (*circle all that apply*):

Mornings (7:30am – 12:30pm)	M	T	W	TH	F
Afternoons (12:30pm – 5:30pm)	M	T	W	TH	F
Full day (7:30am – 5:30pm)	M	T	W	TH	F

SCHOLARSHIP AND PARENT INFORMATION

What are your goals as a parent? _____

Please explain your reasons for needing a scholarship: _____

How much can you afford to pay towards tuition each month? _____

For how long do you anticipate needing financial support? _____

With what other program or organization(s) have you sought financial assistance? _____

Is there anything else you'd like us to know? _____

Which agency referred you? _____

How did you hear of our scholarship program? _____

Website, friend, newspaper, brochure, etc.

Please list all of the children currently living with you and their relationship to you:

Name	Date of Birth	Age	Male/Female	Relationship
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FINANCIAL INFORMATION (IF APPLYING FOR A FOSTER OR FOST/ADOPT CHILD, SKIP THIS SECTION)

Please list the source(s) and amount(s) of gross monthly income:

Wages/Tips \$ _____ CALWorks \$ _____

Child Support \$ _____ Other _____ \$ _____

What is your total gross monthly income? _____

Do you receive food stamps? Yes No Do you receive WIC? Yes No

Do you receive MediCal and/or DentiCal assistance? Yes No

HOPE 4 KIDS PRESCHOOL & INFANT/TODDLER CENTER
SCHOLARSHIP APPLICATION – CONTINUED

What are your estimated utility costs (including electricity, home/cell phones, Internet, cable, Gas, etc.)? _____

What is your monthly rent/mortgage? _____

EMPLOYER/SCHOOL INFORMATION

Name of employer: _____ Phone: _____

Employer address: _____ City/zip: _____

How long have you been employed there? _____ Are you full-time? Yes No

Name of school (if applicable): _____

Number of units on-campus: _____ On-line: _____

Are you planning on enrolling next semester? Yes No For how many units? _____

Please provide two professional references (people who have known you for at least one year, other than your personal friends or family):

Name and relationship: _____ Phone: _____

Name and relationship: _____ Phone: _____

Application and supporting document checklist:

- Completed Scholarship Application
- Transcripts (if attending school)
- Copy of placement agreement OR letter of recommendation from child's social worker (if applying for a foster/adopt child)
- Proof of address, such as a recent utility bill

If applying for a child who is not a foster or fost/adopt child, please also submit:

- Last year's tax returns
- Two recent paycheck stubs
- Proof of monthly rent/mortgage

RETURN THIS APPLICATION AND SUPPORTING DOCUMENTS TO:

Hope 4 Kids Preschool Scholarship Fund
560 N La Cumbre Road, Santa Barbara, CA 93110

We will contact you as soon as possible with the results of your application. Please feel free to contact us at 682-2300 if you have questions or need assistance completing this application. **Unfortunately, incomplete applications or those sent without all supporting documents will be returned, jeopardizing your child's ability to receive funding.**

Office Use Only
Received _____ Complete Incomplete and returned on _____
 Approved Declined On hold _____ Enrollment date _____