**Leap Scholarship Application**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant Name:** | | **Grade Level** | **Parent Birth Date::** | **SSN (optional):** | **Home Phone, including area code:** |
| **Street Address:** | **City:** | | **Zip:** | **County:** | **Other Phone, contact number:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **List all adults in household:**  **First Name, Last Name** | **Birth Date:** | **SSN (optionsl):** | **Specify Relationship**  **to Parent:** | **Working**  **Yes or No** | **School**  **Yes or No** | **Hours working or in school per week** | **Days per week**  **S, M, Tu, W, Th, F, S** |
| **Applicant** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **List only the applicant’s children living in household: First Name, Last Name** | **Birth Date:** | **Gender** | **Check if child**  **needs care** | **Indicate which parent(s) are**  **Living in household** | **Earliest Child dropped off at childcare** | **Latest child picked up at childcare** |
|  |  | □ M □ F | **□** | **□** Mother **□** Father |  |  |
|  |  | □ M □ F | **□** | **□** Mother **□** Father |  |  |
|  |  | □ M □ F | **□** | **□** Mother **□** Father |  |  |
|  |  | □ M □ F | **□** | **□** Mother **□** Father |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **INCOME SECTION (Received in previous 30 days)**  I live in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school district. | | | |
| **Income Source** | **Monthly Amount** | **For Whom** | **Verification much be attached** |
| **Child Support** |  |  | **None**  Parent/Applicant Statement:  By my signature below, I hereby certify all the information submitted on this document is true and correct to the best of my knowledge. I may be requested to verify these statements and by my signature, give my consent to the agency from where I am requesting information to make any necessary contacts to verify any statement. I understand the information I have provided is private and may not be seen by the public. Further, I understand I may lose my childcare if I fail to report any changes to Brightpoint within 10 days. I must submit my school schedule each semester to maintain my child care scholarship.  Signed, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Social Security** |  |  | **Award letter, check stub, or verification from agency** |
| **Supplemental Social Security** |  |  | **Award letter, check stub, or verification from agency** |
| **TANF** |  |  | **Award letter, check stub, or verification from agency** |
| **Unemployment** |  |  | **Uplink Claimant Homepage or verification from agency** |
| **Wages, Salary** |  |  | **Pay stub, or Cancelled Checks (front & back) and Wage Detail Form** |
| **Housing Assistance** |  |  | **None** |
| **Food Stamps** |  |  | **None** |
| **Work Study** |  |  | **None** |
| **Other** |  |  | **Attach appropriate documentation** |

*Failure to submit ALL required documentation may result in termination of child care benefits without notice.*