

Richland County School District One

After School Childcare Provider

**FINANCIAL AID FORM (Scholarship Application)**

**\*Please note: ALL sections of the application must be complete before processing can occur.**

**SECTION I – DEPENDENT CHILDREN**

To determine child care fees for your child(ren), or any child(ren) you legally claim as your dependent(s), you must complete, sign, and return this form to Richland County School District One’s (Office of Extended Day Programs). Fees will be determined based on your total family income as defined below. If you do not wish to disclose your total family income, your rate will be set automatically at the highest fee level.

NAME OF EA.CHILD (LAST, FIRST, M.I.)	DATE OF BIRTH (YYYY/MM/DD)	AGE
a.		
b.		
c.		
d.		
e.		

Please outline the name of the child(ren) who will be receiving services? \_\_\_\_\_

Please outline the name of any older or younger children who will NOT be receiving services? \_\_\_\_\_

Does your child(ren) qualify for free lunch \_\_\_\_\_ Reduced Lunch \_\_\_\_\_ Pay Lunch \_\_\_\_\_

What is the childcare weekly fee at the proposed Richland One After School Childcare site? \_\_\_\_\_

Please list any names of children that you have enrolled in college? \_\_\_\_\_

If you do have a child(ren) enrolled in college, are they receiving financial support (Please explain?)

**SECTION II –ANNUAL FAMILY INCOME**

TOTAL HOUSEHOLD INCOME	OTHER EARNED INCOME (I.E. CHILD SUPPORT)	YEARLY INCOME

Are you currently responsible for the care of any foster children? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate in this section what is your ability to pay? (i.e. what can you pay towards weekly childcare fees?): \_\_\_\_\_

**SECTION III-CERTIFICATION OF SPONSOR (TO BE COMPLETED BY SPONSOR)**

I certify that all of the above information is true and correct and the all family income of the spouse is reported. I understand that this information is being in order to determine child care fees to be paid and that Richland County School District One funds are used to subsidize the cost of child care. I also understand that the information on the application must be accurate and that any deliberate misrepresentation of this information may subject me to prosecution under applicable State and Federal laws.

**SPONSOR: Office of Extended Day Programs (via: After School Childcare Site \_\_\_\_\_)**

NAME ( LAST, FIRST, M.I.)		SSN:
TELEPHONE NUMBER (INCLUDE AREA CODE)		
HOME	WORK	
SPONSOR		
SPOUSE		
HOME ADDRESS ( INCLUDE APARTMENT # AND 9-DIGIT ZIP CODE)		

**\*The information shared must be verified by providing one of the following forms:**

- 1. MEDICARE FORM**
- 2. PAY STUB, or**
- 3. TAX RETURN**

**NARRATIVE SECTION (I)**

In the space provided below, please indicate your views about how after-school activities are critical to your child’s development?

**NARRATIVE SECTION (II)**

In the space provided below, please discuss why you are seeking this Scholarship? (Continued)

\_\_\_\_\_ (Parent Signature) \_\_\_\_\_ Date

\_\_\_\_\_ (Traci Y.Cooper) \_\_\_\_\_ Date

Office Use Only: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved: Scholarship Award: \_\_\_\_\_