

## Application for 2006 Westchester County Child Care Scholarship and the Sally Ziegler Scholarship

**Application deadline is 5:00 pm on July 14, 2006**

### Applicant Information

First Name: _____	M.I.: _____	Last Name: _____
Address: _____		City: _____ Zip _____
Home Phone #: _____	Work Phone #: _____	Email: _____
First Parent's Occupation: _____		Employer: _____
Second Parent's Occupation: _____		Employer: _____
Gross Household Earned Income 2005: \$ _____		
Total Child Support received in 2005: \$ _____		

<b>List Parents and Dependent Children Residing in Your Household:</b> _____				
List yourself on the first line.				
First Name	Last Name	What is Relationship to applicant?	Contributes to Household income?	
		Self	Yes	No
		Spouse	Yes	No
		son/daughter	Yes	No
		son/daughter	Yes	No
		son/daughter	Yes	No
		son/daughter	Yes	No

Please list all children needing child care and the following information.				
First Name	Last Name	Age as of July 1, 2006	Days & hours of care needed each week	Name of program and city where scholarship will be used
			M / T / W / T / F / S / S # hours/week:	
			M / T / W / T / F / S / S # hours/week:	
			M / T / W / T / F / S / S # hours/week:	
			M / T / W / T / F / S / S # hours/week:	
			M / T / W / T / F / S / S #hours/week	

**Please tell us about the child care you currently use. Check all that apply**

Type of program	1 <sup>st</sup> child	2 <sup>nd</sup> child	3 <sup>rd</sup> child
Day care center			
Family child care provider			
After school program			
Part day nursery school			
Public school Pre-K			
Head Start program			
Friend or neighbor			
Family member			
In-home child care			
Babysitter			

Please estimate how much, in total you currently spend for all of your children in child care:

\$\_\_\_\_\_ per week    \$\_\_\_\_\_ per month.

How have you been paying for your child care? (examples: help from relative, employer; credit card; center scholarship; other (please specify)) \_\_\_\_\_

How did you learn about these scholarship programs?

\_\_\_ newspaper

\_\_\_ current child care provider

\_\_\_ friend

\_\_\_ other \_\_\_\_\_

\_\_\_ church/synagogue

\_\_\_ Department of Social Services

\_\_\_ Child Care Council of Westchester

**The following documents must be submitted with your application:**

- **Proof of gross income for yourself and your spouse which includes:  
A signed copy of your 2005 Federal Tax Return (IRS Form 1040),  
including the W2 form**
- **4 recent pay stubs if paid weekly or 2 pay stubs if paid bi-weekly for all  
employed parents in the household**
- **Proof of residency (A copy of a recent electric bill or copy of signed lease.)  
(Please note: Send photocopies as no documents will be returned)**

The Scholarship Fund reserves the right to seek additional verification  
that the tax forms submitted are accurate and authentic

**Required Signature & Statement**

I certify that all of the information I have provided is true and correct to the best of my knowledge. Falsification of the information shall result in termination of the scholarship. I understand if my income, residency, or child care provider changes, I must notify the Council immediately.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application

Application deadline is 5:00 pm on July 14, 2006.

**Mail application and required documents to:**

**Child Care Council of Westchester, Inc.**

**470 Mamaroneck Avenue**

**White Plains, New York 10605**

**Attention: 2006 Child Care Scholarship**