

Newton Child Care Commission and Fund
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Newton, Massachusetts 02460
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**SCHOLARSHIP LOTTERY APPLICATION
FOR
July 1, 2010 - June 30, 2011**

Give information only for family members living in your household

Parent

Parent

Name(s)	_____	_____
Street address	_____	_____
Village & Zip	_____	_____
Home Tel. #	_____	_____
Work Tel. #	_____	_____

Do you (circle one): Own your home Rent Live with family Other

Marital Status: Single _____ Married _____ Separated or Divorced _____ Widowed _____

Children - please list all children living in your household
(even if not requiring child care)

Name	Age	D.O.B	Days/Hrs. of Child Care needed per week	Program/School/Camp Child Does/Will Attend
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____

Please circle the ethnic/cultural heritage of your child(ren):

Caucasian Asian AfricanAmerican Hispanic Biracial Other _____

INCOME INFORMATION

Your family's adjusted gross income in 2009 _____

Additional income (i.e. child support, social security, pensions) _____

Total 2008 Income/Support _____

Number of family members living on this income _____

What is your expected family income for 2010 _____

****YOU MUST ATTACH A COPY OF YOUR 2009 FEDERAL INCOME TAX RETURN & A COPY OF ALL YOUR W-2 FORMS TO THIS APPLICATION***

WORKING STATUS OF PARENTS - (living in household)

Occupation of Parent _____

Employer Name & Address _____

Do you work (circle one)

Full Time

Part Time (list number of hours per week) _____

Occupation of Parent _____

Employer Name & Address _____

Do you work (circle one):

Full Time

Part Time (list number of hours per week) _____

IF YOU ARE ATTENDING SCHOOL OR A JOB TRAINING PROGRAM

Parent

Name of School _____

Attending Full Time _____ Attending Part Time (number of hours per week) _____

Parent

Name of School _____

Attending Full Time _____ Attending Part Time (number of hours per week) _____

If you are attending school or a job training program, you must attach one or more of the following:

* a copy of a current student ID

* a letter from the registrar or a copy of a bill, verifying your enrollment in the program

Do you have any special circumstances you would like us to know about?

Child Care Expenses and Assistance

1. Are you currently receiving any support in meeting child care costs? Yes___ No___

Please check all that apply and indicate amount of support in dollars:

___ Reduction in tuition or scholarship by child care provider \$ _____

___ Department of Children and Families subsidized slot \$ _____

___ Child Care Voucher through Child Care Resource Center \$ _____

___ Other financial support - explain \$ _____

2. Are you on a waiting list for any of the sources listed above? If so, which ones:

3. Do you anticipate a loss of any current support with your child care expenses in the near future? Please explain.

4. What were your total child care expenses in 2008? _____

5. What is your best estimate of child care expenses in 2009? _____

Eligibility and Income Affidavit

Name _____
Adjusted gross income in 2009 _____
Number of persons living on this income _____

Terms for Participation in The Newton Child Care Fund Lottery

I, understand that in order to participate in the Newton Child Care Fund., Inc. Lottery, I must:

- be a Newton resident
- meet the income guidelines
- be working and/or attending school
- not be receiving additional, substantial **(50% or more)** child care assistance

I further understand that meeting these guidelines does not guarantee that I will receive any funds, but that I may be included in the Child Care Fund Lottery if my eligibility is confirmed.

If selected through the Lottery, I will apply my award towards child care services provided by a licensed provider, and that payments will be made directly to this provider upon receipt of a bill for services rendered. I understand that all services paid for by my award must be provided between July 1, 2009 and June 30, 2010 and that I must begin using my award by **September 20, 2010**. I further understand that I must make co-payments to my provider towards my child care expenses during the award period.

If I become ineligible during the award period (i.e. my income exceeds the maximum allowed; I am not working or going to school; I receive additional, substantial child care assistance; if I do not expend the full award; if I do not begin using my award by September 21, 2009, or if I move outside of Newton), I understand that any remaining money will be reallocated by the Child Care Fund to another eligible family.

I give permission for the Newton Child Care Fund, Inc. to contact my child care provider and/or relevant child care services regarding verification of enrollment and tuition assistance for my child(ren).

I certify that I have read, understand and agree to the terms of the Child Care Fund Lottery stated above. If I am found to have falsely presented my financial or working status, I understand that all unexpended funds will be returned to the general child care fund.

I CERTIFY UNDER THE PENALTIES OF PERJURY THAT ALL THE INFORMATION I HAVE SUPPLIED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Parent Signature _____ Date _____

In order to be considered for the scholarship lottery, applications must be received in the NCCC&F office no later than April 30, 2010. All required documentation, as listed in this application, is also due by this date. Any and all paperwork can be mailed, faxed, or e-mailed. Addresses and phone numbers are listed on the top of page one of the application.