

## **Santoro Education Lifeskills Foundation's (SELF) Hand-Up Assistance Application**

*This program is a means of help for hard-working families who do not qualify for public assistance, but who are struggling to provide quality learning for their children.*

Return completed application to [mary@santorofoundation.org](mailto:mary@santorofoundation.org)

**APPLICATION:** IN ORDER TO BE CONSIDERED FOR ASSISTANCE FROM OUR PROGRAM YOU MUST PROVIDE ALL OF THE REQUIRED INFORMATION AND FORMS. DO NOT MAIL OR DELIVER YOUR APPLICATION UNTIL ALL PARTS ARE COMPLETED. Please check off each section below as each part is completed.

### **REQUIRED INFORMATION:**

Part 1 Program Terms

Part 2 Applicant/child Information

Part 3 Family Information

Part 4 Family Income Information

A copy of a completed/signed federal tax return (1040) - last year only

A copy of last year's W-2 form(s) for each parent/guardian

A copy of a current paycheck stub for each parent/guardian

Part 5 - Other Information

Part 6 – Acknowledgement & signature

*We will contact you when the final review process is complete.*

### **PART 1 - Program Terms**

1. The *SELF Hand-Up Scholarship* provides financial assistance toward a FULL DAY childcare program from infant to age 3 or 4 (until your child begins the government-funded pre-K program). At that time, he/she will no longer be eligible for the *SELF* assistance program.
2. If the child is selected for any other program offering tuition assistance, including but not limited to Head Start, VPK, etc., the child is no longer eligible for assistance from the *SELF Hand-Up Assistance* and the parents/guardians must notify the center immediately.
3. Parent/guardian will be responsible for providing transportation to and from school.
4. Parent/guardian will abide by all guidelines, rules and policies of the learning center.
5. The child(ren) we are providing assistance for must attend school regularly except for excused illnesses. Absences of more than 2 weeks in duration may result in the *SELF Hand-Up Assistance* ending for the child.
6. Parent/guardian must sign a disclaimer form releasing the early learning center from any liability.
7. Parent/guardian agrees to consider participating in workshops to assist with and encourage growth in the areas of parenting, reading, developing social skills and communicating with your children.

Name of early learning center your child does or will attend:

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**PART 2 - Applicant Information**

Child #1 Name: Gender:

Date of Birth: Month Day Year

DOES THE APPLICANT (child) HAVE:

Health Issues Yes No Explain:

Disability/handicap Yes No Explain:

Has there been a recommendation for early intervention? Yes No

If yes, please complete below, including any additional health information that this early learning center should be aware of (such as physical issues, chronic disease, speech delay, allergies, etc.):

Has the Applicant attended preschool or childcare elsewhere? Yes No

What will the Applicant (child) do during the day if not funded by the SELF Scholarship?

Child #2 Name: Gender:

Date of Birth: Month Day Year

DOES THE APPLICANT (child) HAVE:

Health Issues Yes No Explain:

Disability/handicap Yes No Explain:

Has there been a recommendation for early intervention? Yes No

If yes, please complete below, including any additional health information that this early learning center should be aware of (such as physical issues, chronic disease, speech delay, allergies, etc.):

Has the Applicant attended preschool or childcare elsewhere? Yes No

What will the Applicant (child) do during the day if not funded by the SELF Scholarship?

**PART 3 – FAMILY INFORMATION**

ADDRESS (applicant's primary home address)

Street: City:

State: Zip:

**Parent/Guardian 1 Information**

First Name: Last Name:  
Address:  
Relationship to Applicant:  
Legal Custodian: Yes No Preferred email:  
Cell phone number:  
Preferred contact (check one): Phone Text Email  
Language(s) spoken at home:  
Highest level of education (check one):  
8th Grade or less High School Some College Completed college  
Occupation: Job Title:  
Employer: Length of time employed there:  
Employer Address:  
Is this parent/guardian contributing financially to the Applicant's upbringing? Yes No  
If not working, will you go back to work if child is in preschool? Yes No  
If yes: Full-time or Part-time

**Parent/Guardian 2 Information**

First Name: Last Name:  
Address:  
Relationship to Applicant:  
Legal Custodian: Yes No Preferred email:  
Cell phone number:  
Preferred contact (check one): Phone Text Email  
Language(s) spoken at home:  
Highest level of education (check one):  
8th Grade or less High School Some College Completed college  
Occupation: Job Title:  
Employer: Length of time employed there:  
Employer Address:  
Is this parent/guardian contributing financially to the Applicant's upbringing? Yes No  
If not working, will you go back to work if child is in preschool? Yes No  
If yes: Full-time or Part-time

**IS THERE ANOTHER PARENT or GUARDIAN LIVING IN ANOTHER LOCATION?**

Yes No If yes, complete below:  
Relationship to Applicant:  
Legal Custodian: Yes No  
First Name: Last Name:  
Address:  
Is this parent/guardian contributing financially to the Applicant's upbringing?  
Yes - list amount per month \$ No

**OTHER MEMBERS LIVING IN APPLICANT'S HOUSEHOLD (brothers, sisters, grandparents, etc.)**

Name	Relationship to Child(ren)	Age	School or Occupation

Check here if there are no other family members in the household

**Part 4 - Financial Information**

**INCOME - MONEY COMING TO YOU (BEFORE TAXES)**

List total of all salary/wages and other total household income per month (include all sources of income for all adults living in the home and supporting the applicant) \$

Do you receive any state or federal assistance of any kind? Yes          No

If yes, list what type and amount here:

**EXPENSES** – Give the total of all major and ongoing monthly expenses \$

Any other major considerations not described previously that affect your ability to pay for preschool? If yes, please explain:

**PART 5 – Other Information**

Are there any additional circumstances you are facing that are leading you to apply to us? (Please describe or attach additional sheets as needed)

Have any other family members received the SELF Scholarship? Yes          No

If yes, list name(s) and year(s):

**HAVE YOU APPLIED FOR OTHER FINANCIAL ASSISTANCE FOR PRESCHOOL?**

Head Start: Yes          No      Public Preschool: Yes          No

School Readiness: Yes          No      Other:

Status of other assistance requests:

**HOW DID YOU LEARN ABOUT THE SELF SCHOLARSHIP? (CHECK ALL THAT APPLY)**

- |              |                                 |
|--------------|---------------------------------|
| Social Media | House of Worship                |
| Friend       | Childcare/School                |
| Flyer        | Another SELF Scholarship family |
| Other        |                                 |

**PART 6 – Acknowledgement & Signature**

Please acknowledge your understanding of the *SELF Hand-Up Assistance Program* terms by signing this page.

*My signature below indicates that I understand the terms of the SELF Hand-Up Assistance Program as stated on page 1 of this document. I understand and agree that failure to comply with the above agreement may result in removal of the SELF scholarship’s financial support for my child. I attest that all the forgoing information is complete and accurate to the best of my knowledge. I also understand that the SELF assistance will be withdrawn if misrepresentations in the information provided are discovered at any point while our assistance is being given.*

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Parent or Guardian Signature

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Date