



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

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

Return completed application to 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 birth until the child qualifies for government-funded pre-K/VPK). 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:

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 code: _____

Parent/Guardian 1 Information

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

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

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)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Social Media | <input type="checkbox"/> House of Worship |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Childcare/School |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Another SELF Scholarship family |
| <input type="checkbox"/> 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.

Parent or Guardian Signature

Date