



## Champion for Young Children Scholarship

**The Champion for Young Children Scholarship** helps families that have experienced an unexpected emergency resulting in a temporary loss of wages affecting the parent's ability to keep their child(ren) enrolled in child care. Funded by generous donations to Smart Start Rowan, a limited number of these scholarships are available for children birth through age 5 that are enrolled in licensed child care programs in Rowan County. Applications can be found on the Smart Start Rowan website and are available to eligible families on a first-come, first-serve basis as the number of scholarships available are limited. Scholarships are not linked to family income level, but instead are solely based on the families' temporary loss of income due to an unexpected or emergency situation. The goal of this scholarship program is to allow the child(ren) to continue enrollment in the child care program where they are currently attending, in order to maintain a consistent positive, and familiar routine for the child during the family crisis.

### Eligibility Requirements

- Parent/Guardian must be a resident of Rowan County, North Carolina.
- Children must be currently attending and enrolled in licensed child care program in Rowan County, North Carolina.
- Parents/Guardian must have a family situation or emergency that temporarily has prevented them from being able to pay the cost of child care.
- Children must be under the age of 5 and attending a licensed child care facility.

### Application Requirements

- Parents must complete all sections of the application and sign and date the application.
- Parents must provide supporting documentation/information regarding the family situation/emergency. See attached application checklist.
- Parents must ask the child care facility administrator, where their child is enrolled, to complete the "Provider Verification Section" which indicates the financial need of the family to fulfill payment obligations to the childcare facility.

**Champion for Young Children  
Scholarship Application**

**1. What is the primary reason you need childcare assistance?**

Please use the space below to describe in detail, including the date the incident/accident/emergency situation occurred. Also, include when you are expected to recover and can resume your payments to the childcare facility.

**2. Who is the responsible party?**

The responsible party is the applicant who is requesting childcare assistance and assumes responsibility for completing/providing the necessary forms and documents.			
What is your household makeup?	<input type="checkbox"/>	Single Parent Household	<input type="checkbox"/> Two Parent Household
<b>Parent/Guardian 1</b>			
First Name:	Middle Name:	Last Name:	
Physical Address:			
Mailing Address (If different from above):			
Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Email Address:	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Employment:	
<b>Parent/Guardian 2 (If Applicable)</b>			
First Name:	Middle Name:	Last Name:	
Physical Address:			
Mailing Address (If different from above):			
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Employment:	
Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Email Address:	

### 3. Family Members – Child household members, living in the home

Child household members are children age 17 and under that live in the home. This includes biological and adopted children as well as step brother(s), step sister(s), half brother(s) and half sister(s).

Relationship to you, the applicant	Name (First, Middle, Last)	Attending childcare?	Age	Name of child care facility where child is attending:
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

### 4. Child Care Provider Information

List the facility where your child(ren) attend child care. Please indicate days/times child care is needed, and the cost of child care tuition. If you have multiple facilities, please use the 2<sup>nd</sup> space provided.

1. Child Care Facility Name:		
Directors Name/Facility Contact:		
Facility Phone:		
Name of Child	Hours Care is Needed	Cost of Care (weekly/Monthly)
2. Child Care Facility Name:		
Directors Name/Facility Contact:		
Facility Phone:		
Name of Child	Hours Care is Needed	Cost of Care (weekly/Monthly)

Please use the space below to describe in detail your financial need. Please let us know if you are currently behind in childcare payments because of your incident/accident/emergency.

I certify that all of the information on both sides of this application is true to the best of my knowledge. I understand I am responsible for immediately **updating Smart Start Rowan at 704-603-3368, [villegas@smartstartrowan.org](mailto:villegas@smartstartrowan.org)** with any information on this application that changes (phone number, address, work status, etc.).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**5. Provider Verification Section (To Be Completed by Child Care Provider)**

**Facility 1:** The family listed on this application has applied for financial assistance from Smart Start Rowan, to pay for the cost of child care, due to their current inability to pay as a result of a family emergency. Please complete the space below and sign/date to verify accuracy of information provided.

Name of Child	Days/Hours in Care	Cost of Care (wkly/mo)	Current Amount Due

\_\_\_\_\_  
Child Care Administrator/Director Signature

\_\_\_\_\_  
Date

**Facility 2:** The family listed on this application has applied for financial assistance from Smart Start Rowan to pay for the cost of child care due to their current inability to pay as a result of a family emergency. Please complete the space below and sign/date to verify accuracy of information provided.

Name of Child	Days/Hours in Care	Cost of Care (wkly/mo)	Current Amount Due

\_\_\_\_\_  
Child Care Administrator/Director Signature

\_\_\_\_\_  
Date

## **Champions For Young Children Scholarship Application Checklist**

### **Application**

- All sections completed
- Application signed and dated by parent/guardian
- Applications signed/dated by Child Care Facility Administrator

### **Residency Verification (please provide one of the following)**

- Utility bill (electric, cable, water)
- Rental/Lease Agreement
- Mortgage Statement

### **Birth Certificate**

- Copy of birth certificate(s) to provide proof of age for each child who you have asked for Scholarship assistance

### **Proof of Income**

- Proof of all earned income for parents/guardians in your household. (Acceptable forms of proof includes pay stubs for employed individuals and/or other forms of documentation, such as copies of most recent tax return when available, or business related payments received for self-employed individuals)

### **Proof of Legal Guardianship (if applicable)**

### **Evidence to Document the Family Crisis**

- Medical/hospital paperwork
- Notarized statement from employer or termination papers (termination must be due to no fault of your own)
- Notarized statement from self/other involved parties (Notary services can be provided by Smart Start Rowan at no cost, for this purpose)