

**Quality First Scholarships Program
Family Application for State Fiscal Year 2025 (July 1, 2024 - June 30, 2025)**

Scholarships are awarded to child care sites participating in the Quality First (QF) Scholarships Program to distribute to eligible families based on family eligibility criteria as determined by First Things First. To receive a scholarship, families must complete this application, attach the required documentation, and provide it to a QF participant currently participating in the QF Scholarships Program. A scholarship may not cover all charges; review co-pay amounts with your participant before enrollment (if applicable). For eligibility questions, or to clarify your situation, contact regionalscholarships@vsuw.org or call toll free 1-866-973-0012.

Up to two (2) QF and two (2) PEEPS scholarships are allowed per family household; no more than one (1) scholarship per child is allowed			
Applying Child 0-5: First Name	Last Name	Date of Birth (mm/dd/yyyy)	Documented Special Need
			<input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> 504 Plan
Race/ethnicity (select all that apply):	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other:		
Applying Child 0-5: First Name	Last Name	Date of Birth (mm/dd/yyyy)	Documented Special Need
			<input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> 504 Plan
Race/ethnicity (select all that apply):	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other:		
Must List Date of Birth and Employment Status for All Adults in Household			
Parent/Guardian(s): First Name	Last Name	Relationship to Applying Child(ren)	Date of Birth (required) (mm/dd/yyyy)
Employment Status (required for all adults in the household):	<input type="checkbox"/> Employed By Other <input type="checkbox"/> Self-Employed <input type="checkbox"/> Not Employed		
Employment Status (required for all adults in the household):	<input type="checkbox"/> Employed By Other <input type="checkbox"/> Self-Employed <input type="checkbox"/> Not Employed		
Must List Date of Birth and Employment Status for All Adults in Household			
Additional Household Member(s): First Name	Last Name	Relationship to Applying Child(ren)	Date of Birth (required) (mm/dd/yyyy)
Employment Status (required for all adults in the household):	<input type="checkbox"/> Employed By Other <input type="checkbox"/> Self-Employed <input type="checkbox"/> Not Employed		
Employment Status (required for all adults in the household):	<input type="checkbox"/> Employed By Other <input type="checkbox"/> Self-Employed <input type="checkbox"/> Not Employed		

Additional Household Members: First Name	Last Name	Relationship to Applying Child(ren)	Date of Birth (required) (mm/dd/yyyy)
<input type="checkbox"/> Employed By Other <input type="checkbox"/> Self-Employed <input type="checkbox"/> Not Employed			
Language(s) spoken in the family (select all that apply): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			
Street Address (child must be an AZ resident)		City	Zip Code
Email Address		Phone Number	Cell Y/N

2024 Federal Poverty Levels (FPL) supplied by the U.S. Department of Health and Human Services							
Family Size	2	3	4	5	6	7	8*
300% of FPL	\$61,320	\$77,460	\$93,600	\$109,740	\$125,880	\$142,020	\$158,160

*For each person over a family size of eight (8), add \$16,140

REQUIRED: Statement of Lawful Presence & Eligibility to Receive Public Benefits

REQUIRED: Child(ren) receiving a scholarship must be a U.S. citizen or national, or an eligible alien. The Statement of Lawful Presence & Eligibility to Receive Public Benefits form must be completed for each child applying for QF Scholarships. In addition to the completed form, one of the documents listed on page 10 must be provided as verification of lawful presence and eligibility.

***Scholarships are reserved for children age 0-5, not yet attending or eligible for Kindergarten. Children with a date of birth of 8/31/2019 or earlier are considered Kindergarten eligible as of 9/1/2024, and may not receive a scholarship after this date.**

REQUIRED: Household Size must be defined by Option 1 or Option 2

Option 1: Public Assistance (*Determines household size AND family income*)

Attach your public assistance approval letter dated within the last twelve (12) months; letters should include the applying child(ren)'s name(s), monthly gross income, and household size. (Food Stamps, AHCCCS, and/or Cash Assistance/TANF)

According to your public assistance letter:

_____ Number of parents/guardians/contributing members in the family household
 _____ Number of children in the family household
 _____ Family gross annual income

Families receiving AHCCCS may access a copy of their public assistance approval letter at www.healtharizonaplus.gov.

If your public assistance letter meets all criteria as stated above, you may stop here and proceed to the Parent/Guardian Declarations section of this application on page 5. No additional information is needed.

Option 2: Tax Records (*Determines household size, does NOT determine family income*)

Provide a copy of your family's most current annual income tax return (page 1 of 1040 tax form) with listed dependents. Returns should be for the 2023 tax year or later and applying child(ren)'s names should be included.

- I have provided a tax return (2023 tax year or later)
- I have provided a tax return, but my tax records do not include the applying child or otherwise do not accurately reflect my situation (to amend household size you must submit additional documentation)*
 - Birth certificates for siblings adopted or born after tax year (income for both parents listed on birth certificate will be required unless a superseding custody agreement exists)
 - Custody agreement
 - Marriage certificate
 - Divorce decree
 - Foster care or adoption documentation
 - Other (only accepted with prior approval from VSUW and FTF)

**Your participant will use QF guidelines to make a final determination of household size and countable income.*

REQUIRED: Income Documentation for Employed Applicants Qualifying Using Option 2

Income information is necessary to process your application, please provide ONE of the following as they apply for each **Contributing Member**.

Contributing Member(s): Any household member related by birth, marriage, or adoption; Contributing Member will also include anyone who claims the child as a dependent on their taxes or public assistance letter.

Employed by Other – must provide documentation of one of the following options:

- One month of current consecutive pay stubs

Participants calculate *Gross Annual Income* (BEFORE taxes) using pay stubs. Do not submit W-2 forms.

- Monthly = 12 pay periods - 1 pay stub
- Twice per month = 24 pay periods - 2 pay stubs
- Biweekly = 26 pay periods - 2 pay stubs
- Weekly = 52 pay periods - 4 pay stubs

Pay Descriptions that count towards gross annual income: regular/straight pay, paid time off, vacation, holiday, sick time, shift differentials, bereavement, tips and commission, housing and subsistence allowances. NOTE: Overtime, bonuses, and per diem pay do NOT count towards gross annual income.

OR

- Statement from employer, on company letterhead, that includes a gross annual income OR hourly rate with average hours worked and frequency of pay

Self-Employed – must provide documentation of one of the following options:

- Tax Form 1040 with applicable forms such as schedules C, C-EZ, E, F and K1 **AND** monthly ledgers verifying gross income earned and receipts for business expenses for the three most recent months*

OR

- Signed profit and loss statement for the three most recent months **AND** business receipts verifying gross income earned and receipts for business expenses for the three most recent months*

***Income is calculated using the monthly ledgers or profit and loss statement and receipts for the three most recent months. If the business has a requirement to file taxes, but has not done so, you must provide a valid and filed extension from the IRS**

REQUIRED: Income Documentation for Unemployed Applicants Qualifying Using Option 2

Unemployed – must provide the following (see below for additional unearned income requirements):

No Income Declaration Form (mandatory for all Contributing Members with no earned income)

Experiencing Homelessness– must provide documentation of one of the following options:

Signed statement from your case manager

OR

Signed personal statement explaining circumstances (only accepted with prior approval from VSUW and FTF)

REQUIRED: Unearned Income Documentation for Applicants Qualifying Using Option 2

My household does NOT receive any unearned income

My household DOES receive unearned income (documentation of this income, amount and frequency, is required and counted in the eligibility determination):

Education assistance (not loans)

Foster care or adoption payments

Government or tribal income (per cap, TANF)

Social Security income (disability, survivor benefits, etc.)

Retirement payments

Veteran benefits

Unemployment insurance statement

Child support or spousal maintenance

Custody A - both parents' total income is needed if child lives in both homes and both are responsible for child care costs

OR

Custody B – other parent's income not counted if primary or applying parent receives child/spousal support (applying parent must provide documentation of support amount and frequency)

Parent/Guardian Declarations

Initial each of the following boxes to certify that you have read and understand the guidelines for a QF Scholarship.

	I have reviewed the eligibility requirements and have attached supporting documentation for ALL income sources from ALL Contributing Members in my household.
	I understand that the participant may charge a monthly co-pay that will be my responsibility.
	I understand that First Things First pays the participant for my child's QF Scholarship. I understand that upon enrollment, I will receive a Family Award Notification Letter that lists my child's QF Scholarship award (part time or full time) and the monthly reimbursement amount the participant receives for that QF Scholarship. I understand I may be required to verify, in writing or otherwise, other monthly tuition information.
	I understand that this scholarship cannot be guaranteed to continue beyond June 30, 2025.
	I understand that a single family may utilize a maximum of two (2) full time QF and two (2) full time PEEPS Scholarships, with a maximum of one (1) full time Scholarship per child.
	I understand that foster children, placed by the state of Arizona, are not eligible for QF Scholarships as they should be able to access DES child care subsidy or Head Start via their caseworker.
	I understand that I must accept the DES child care subsidy if/when it is offered. I understand if I decline the DES child care subsidy that I will not be able to keep the QF Scholarship.
	I understand that QF Scholarship eligibility is determined once per fiscal year.
	I understand that if my child no longer attends the program, I cannot transfer my QF Scholarship to another site. If pursuing a scholarship at another Quality First program, I must reapply at the desired location and be awarded a QF Scholarship at that site.
	I understand that in order for my child to be eligible for a part time QF Scholarship, they must be scheduled to attend at least 8 days and 34 hours per month, and that to be eligible for a full time QF Scholarship, they must be scheduled to attend at least 8 days and 93 hours per month.
	I agree to bring my child 85% of their scheduled time in order to fulfill the purpose of the QF Scholarship, which is to give my child early learning opportunities. I understand that excessive absences may result in the loss of the QF Scholarship.
	I understand that if any questions are left blank or if any attachments are missing, my application will be returned as incomplete. This may cause a delay in approval.
	I understand that inquiries about my child's QF Scholarship may be made to Valley of the Sun United Way at regionalscholarships@vsuw.org or 1-866-973-0012.

Declarative Statement:

I understand that personal information contained on this application will be reported to Valley of the Sun United Way and First Things First, reviewed in audits, shared with other state agencies for program compliance, and used publicly in aggregate, both regionally and statewide. I also understand that QF Scholarship funding is temporary in nature and that I may be liable for, and may have to pay back, any dollars received based on false and/or incorrect information provided. Completion of this application does not guarantee a QF Scholarship.

Printed Name of Parent/Guardian

Signature

Date

Please make a copy of this page for Parent/Guardian records

Participant Verification & Determination of Eligibility							
<i>Must be completed and initialed by site administrator on or before enrollment date</i>							
	All pages in application have been filled out completely.						
	Child's age and legal residency have been verified. (Age 0-5, not yet eligible for Kindergarten.)						
	Family has been informed of co-payment (if applicable) not covered by the QF Scholarships Program.						
	Family has signed and received a copy of the Family Award Notification Letter with their child's QF Scholarship award (full time or part time) and monthly reimbursement amount listed.						
	Eligibility has been determined; income and household verification supporting documents are attached.						
2024 Federal Poverty Levels (FPL)							
CIRCLE YOUR FINAL HOUSEHOLD SIZE DETERMINATION & ADD FINAL GROSS INCOME IN APPROPRIATE BOX							
Family Size	2	3	4	5	6	7	8*
Gross Annual Income							
300% of FPL	\$61,320	\$77,460	\$93,600	\$109,740	\$125,880	\$142,020	158,160
*For each person over a family size of eight (8), add \$16,140							
_____		_____			_____		
Printed Name of Staff Member		Signature			Date		

**STATEMENT OF LAWFUL PRESENCE & ELIGIBILITY
TO RECEIVE PUBLIC BENEFITS
QUALITY FIRST SCHOLARSHIPS**

Directions: A parent or guardian completes this information for the child who will use the scholarship. All applicants must complete Sections I, II, and IV. Applicants must also complete Section III if the child is not a U.S. citizen or U.S. national. Submit this completed form and a copy (front and back, if any) of one or more documents from the attached list (page 10) that demonstrate eligibility and lawful presence in the United States.

SECTION I — APPLICANT (CHILD) INFORMATION

CHILD'S NAME (PRINT): _____

GRANT OR OTHER BENEFIT APPLYING FOR: **First Things First, Quality First Scholarships** _____

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Is the child a citizen or national of the United States? (check one) Yes No

If the answer is "Yes," where was the child born? List city, state (or equivalent), and country.

City _____ State (or equivalent) _____ Country or Territory _____

If the child is a citizen or national of the United States, skip Section III and complete Section IV. If the child is not a citizen or national of the United States, complete both Sections III and IV.

SECTION III — ALIEN STATUS DECLARATION

To be completed by child applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box.

“Qualified Alien” Status (8 U.S.C. §§ 1611(a), 1621(a)(1), 1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) or 241(b)(3) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected to extreme cruelty in the United States and who qualifies under 8 U.S.C. § 1641(c)(1)(B).
- 9. An alien who has been granted nonimmigrant status under Section 101(a)(15)(T) of the INA (human trafficking) or who has a pending application that sets forth a prima facie case for eligibility for such nonimmigrant status.
- 10. An alien from Iraq or Afghanistan granted special immigrant status under Section 101(a)(27) of the INA. See 8 U.S.C. §§ 1101 (Afghanistan) & 1157 (Iraq) (resettlement support).
- 11. A citizen or national of Ukraine or a related person paroled into the United States as described in Section 401 of Public Law 117-128 (May 21, 2022).

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 12. A nonimmigrant under the Immigration and Nationality Act (8 U.S.C. § 1101 *et seq.*). Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15). (*Applicable to state public benefits only.*)

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- 13. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA. (*Applicable to state public benefits only.*)

Otherwise Lawfully Present (A.R.S. §§ 1-501 & 1-502)

- 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for Quality First Scholarships despite being lawful present in the United States.** See 8 U.S.C. §§ 1611(a) & 1621(a).

SECTION IV — DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge and that the document(s) submitted demonstrating eligibility and lawful presence are true.

Name of document(s) provided: _____

PARENT OR LEGAL GUARDIAN'S PRINTED NAME

PARENT OR LEGAL GUARDIAN'S SIGNATURE

DATE

Attachment: List of Evidence of Eligibility and Lawful Presence

Background on why this form is required:

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. §§ 1611 & 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive public benefits. Public benefits under the Act include grants and contracts as well as payments or assistance to an individual, household or family unit for welfare, health, disability, postsecondary education and other similar benefits. Individuals who apply for a public benefit must make a written declaration under penalty of perjury that they are eligible to receive public benefits and submit documentation establishing that eligibility.

Arizona Revised Statutes §§ 1-501 & 1-502 require, in general, that a natural person applying for a public benefit must submit certain documentation that satisfactorily demonstrates that the applicant is lawfully present in the United States and make a declaration under penalty of perjury that the submitted documentation of lawful presence is true.

EVIDENCE OF ELIGIBILITY AND LAWFUL PRESENCE

- (1) A birth certificate or delayed birth certificate issued in any State, Territory, or Possession of the United States, including the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) A United States Certificate of Birth Abroad: Consular Report of Birth Abroad of a Citizen of the United States (FS-240) (issued by the Department of State to U.S. citizens); Certificate of Birth (FS-545) (issued by a foreign service post); or Certification of Report of Birth (DS-1350) (copies of which are available from the Department of State);
- (3) A United States passport;
- (4) A foreign passport with a United States visa and appropriate stamp as described below;
- (5) An I-94 Form with a photograph and appropriate stamp as described below;
- (6) A United States Citizenship and Immigration Services Employment Authorization Document (Form I-766 annotated A3, A5, or A10; or Form I-551: Permanent Resident Card or Alien Registration Receipt Card) or Refugee Travel Document (Form I-571);
- (7) A United States Certificate of Naturalization (N-550 or N-570);
- (8) A United States Certificate of Citizenship (N-560 or N-561);
- (9) A Tribal Certificate of Indian Blood; or
- (10) A Tribal or Bureau of Indian Affairs Affidavit of Birth.

Acceptable stamps and annotations:

“Qualified Aliens”

Alien Lawfully Admitted for Permanent Residence

- Unexpired Temporary I-551 stamp in foreign passport or on Form I-94.

Asylee or Refugee

- Form I-94 annotated with stamp showing grant of asylum under § 208 or admission under § 207 of the INA.

- Form I-766 (Employment Authorization Document) annotated “A3” or “A5.”

Alien Paroled into the U.S. for a Least One Year

- Form I-94 with stamp showing admission for at least one year under § 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

- Form I-766 (Employment Authorization Document) annotated “A10.”

Alien Granted Conditional Entry

- Form I-94 with stamp showing admission under §203(a)(7) of the INA.

- Form I-766 (Employment Authorization Document) annotated “A3.”

Cuban/Haitian Entrant

- Unexpired temporary I-551 stamp in foreign passport or on Form I-94 with the code CU6 or CU7; or

- Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212(d)(5) of the INA.

Battered Aliens, Trafficking Victims, and Iraq/Afghanistan Entrants/Ukraine Entrants

Contact First Things First at (602) 771-5026 for assistance.

Nonimmigrants; Aliens Paroled into U.S. for Less than One Year

- Form I-94 with stamp showing authorized admission as nonimmigrant or admission for less than one year under section 212(d)(5) of the INA.

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