

Scholarship Aid Application

Date: _____

Applicant Name: _____ Previous/Maiden Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Email: _____

Birthdate: _____ Gender: _____ Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced

Name of Parent not living in household (if applicable): _____

Number of Persons Dependent upon Family Income for Support: _____

Children Eligible for Child Care:

| Child's Name | Child's Birthdate | Days Care is Needed | Times Care is Needed |
|--------------|-------------------|---------------------|----------------------|
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Who will be providing child care for the children (must be state licensed or county certified & rated 3 stars or higher in YoungStar)?

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |

Have you applied for Wisconsin Shares Child Care Assistance? ☐ No ☐ Yes

Are you currently receiving Wisconsin Shares? ☐ No ☐ Yes

If you were denied for Wisconsin Shares, please tell us why: _____

If attending school, please send a copy of your class schedule

School Name: _____

Semester Begin/End Date: _____ Hours/Weeks: _____

Are you receiving scholarship aid from school? ☐ No ☐ Yes If yes, how much? _____

Income in Your Family – Attach proof of wages

This includes earned (wages, self-employment, etc.) and unearned (SSI, child support, disability, etc.) income

| Name | Employer Name & Address | Monthly Earned Income | Monthly Unearned Income | Other Monthly Income |
|------|-------------------------|-----------------------|-------------------------|----------------------|
| | | | | |
| | | | | |
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Please provide a brief, but detailed story describing your current situation and reasons why your struggling to pay for child care (these stories are shared anonymously with our funders to help show the need for this program). Thank you

Applicant must report (within 10 days) changes in address, household composition, employment and/or income.

I understand that the statements made in this application must be and are to the best of my knowledge, true and correct. I also understand these statements will be verified.

Signature

Date

Return application and supporting documents to: Childcaring, Inc.
850 Highway 153, Suite F
Mosinee, WI 54455

**Scholarship Aid program is funded by:
Marshfield Area United Way &
United Way of South Wood & Adams Counties**

A representative from Childcaring will be contacting you for a short follow-up survey.

For Office Use Only:

☐ Approved ☐ Denied Reason: _____