

**DOUGLAS COUNTY CHILD DEVELOPMENT ASSOCIATION (DCCDA)**  
**PBS Scholarship Funding Application**

**Parent Information**

DCCDA offers scholarship assistance to income eligible families. To be eligible, families must first apply to DCF and be denied funding there unless the applicant’s income clearly exceeds the DCF eligibility level or the Family is not eligible for DCF funding due to not working due to disability or lack of work. To conduct a self assessment, go to [dcf.ks.gov](http://dcf.ks.gov). Click on “Apply for Services”, then click on “Go to Self-Assessment”.

All scholarship awards are subject to the availability of funds, continuous family eligibility, and any policy decisions of the DCCDA Scholarship Committee. There will be a thirty day notice of any changes (i.e. scholarship rates, eligibility guidelines, etc.) If a family is funded by DCCDA and leaves owing money to DCCDA, then DCCDA will not fund that family until that outstanding bill is paid.

Questions about the scholarship program may be directed to the center director or service coordinator at Positive Bright Start or the Scholarship Administrator in care of the DCCDA office, 1525 W 6<sup>th</sup> Street, Suite A, Lawrence, KS 66044. (785)842-9679.

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Parent(s) Name: \_\_\_\_\_

Child(ren)’s Name:  
\_\_\_\_\_

Please submit your completed application and the following to your participating child care center:

1. Notification from DCF that you have been denied DCF funding
2. Verification of income as described in item VII.

**I. Parent(s) Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

**II. Child Care Plans:**

Child’s Name	Birth Date	Sex	Days/Hours in Care
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**III. Family Employment Information:**

**Mother**

**Father**

1. Address of each parent	_____	_____
2. Working: Employer	_____	_____
Address	_____	_____
Scheduled Hrs/Days Work /week	_____	_____
3. Attending School (please submit confirmed copy of enrollment from university)		
Name of School attending	_____	_____
Full time (# credits enrolled in)	_____	_____
Part time (# credits enrolled in)	_____	_____
Year in school (FR,SO,JR,SR)	_____	_____
Graduate School	_____	_____

**IV. Special Needs of the child (if any)** \_\_\_\_\_

**V. Custody of the Child:** \_\_\_ mother \_\_\_ father \_\_\_ both parents \_\_\_ joint custody \_\_\_ other

With whom does the child/ren live? \_\_\_\_\_

**VI. List Household Members (including yourself)**

Name	Social Security Number	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VII. Employment Income Status**

List all members of family over the age of 18 who receive income from employment. Please list gross income (amount of pay before deductions). Please include all income: salaries, wages, tips, commissions, Armed Forces pay, bonuses, etc. Checklist: Please include the following with the application:

_____ Pay Stubs	_____ DCF Denial	_____ Class Schedule
_____ Work Schedule	_____ Financial Aide Summary	

Person Employed	Name of Employer	Gross Pay	Pay Freq	Multiplier (Center Use Only)	Monthly Income
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

This following information will be the income/expense calculations for the U.S. Individual Income Tax Form 1040, Schedule F (farm) and/or C (self-employment).

_____	Farm Annual Net Income \$	_____	.083	_____
_____	Self Employment Income \$	_____	.083	_____

Total from employment income: \$ \_\_\_\_\_

**VIII. Non-employment Income**

	Gross Pay	Pay Freq	Multiplier (Center Use Only)	Monthly Income
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1. Social Security payment	_____	_____	_____	_____
2. Dividends & Interest	_____	_____	_____	_____
3. Income from estates/trusts	_____	_____	_____	_____
4. Net Rental & Royalty Income	_____	_____	_____	_____
5. Public Assistance Income	_____	_____	_____	_____
6. Pension/Retirement Benefits	_____	_____	_____	_____
7. Annuity/Insurance Income	_____	_____	_____	_____
8. Unemployment Compensation	_____	_____	_____	_____
9. Workman's Compensation	_____	_____	_____	_____
10. Alimony	_____	_____	_____	_____
11. Child Support	_____	_____	_____	_____
12. Veteran's Pension	_____	_____	_____	_____
13. Educational Stipends	_____	_____	_____	_____
14. Tribal/International Support	_____	_____	_____	_____
15. Other Income: Gifts, etc.	_____	_____	_____	_____

Total from non-employment income: \$ \_\_\_\_\_

## **Applicant's Rights & Responsibilities**

- A. I understand that any scholarship I receive from DCCDA is subject to the availability of funding, to the continuous income eligibility of my family, and to any policy decisions of the DCCDA Scholarship Committee.
- B. I understand that I have a right to have my eligibility for services determined within 30 days.
- C. I understand that approval is subject to the availability of funds and that the date of application will be used in determining priority.
- D. I understand that I have a right to a fair hearing if I am dissatisfied with the decisions made on my application or if I feel there has been undue delay in acting on my application.
- E. I understand that I have a right to equal treatment as other applicant/recipients who are in similar situations.
- F. I understand that I have the responsibility to report fully all circumstances affecting my application.
- G. I understand that if I am not eligible for DCF funding due to not working due to disability or lack of work, I will be eligible for a part time scholarship, provided a part time slot is available.
- H. I understand that if the agency needs to contact my employers, I hereby consent to the release of information concerning my income.
- I. I understand that falsification of any information in this application will be grounds for termination of scholarship.
- J. I understand that eligibility is determined for the period January 1 – December 31.
- K. I understand that I have the responsibility to cooperate in current and subsequent agency efforts to establish my eligibility.
- L. I understand that I have the responsibility to pay my share of service costs, if applicable, in accordance with the fee schedule.
- M. I understand that if my child care expenses are funded by DCCDA and I leave owing money to DCCDA, DCCDA will not fund additional scholarships until that outstanding bill is paid.

I have read and understand the above. I certify that all of the information in this form is correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**DCCDA Use Only:**

**Total monthly income** # of family members \_\_\_\_\_

Employment Income: \_\_\_\_\_  
Farm/Self-employment income: \_\_\_\_\_  
Non-Employment income: \_\_\_\_\_  
Total Income: \_\_\_\_\_

By my calculations basis of information available to me, I have determined that \_\_\_\_\_  
is \_\_\_ eligible \_\_\_ not eligible to receive a DCCDA scholarship at Postive Bright Start.

\_\_\_ full day  
\_\_\_ part day. \_\_\_\_\_ income level  
\_\_\_ Mon., Wed., Fri.  
\_\_\_ Tues., Thurs. \_\_\_\_\_ scholarship rate

Circle one:

Poverty	120% poverty	140% poverty	160% poverty	180% poverty	200% poverty
	220% poverty	240% poverty	260% poverty	280% poverty	300% poverty

Signature of DCCDA Scholarship Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

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Multipliers:      Weekly:      4.33  
                         Bi-Weekly      2.16  
                         Semi-Monthly      2.00  
                         Monthly      1.00  
                         Annual      .083