

CHILD CARE SCHOLARSHIP APPLICATION

Academic Year 2009 – 2010
Rolling Application Deadline

Part I for *All* Applicants

1. **Legal Name:** _____
First M.I. Last

2. **Mailing address** (all correspondence will be sent to this address):

Street

City

State

Zip

3. **Daytime phone:** (___) _____ **Night/cell phone:** (___) _____

4. **E-mail address:** _____

5. **Social Security Number** (optional): _____ -- _____ -- _____

6. **Date of Birth:** _____
Month Day Year

7. **Marital Status:**

- Married
 Not married (single, widowed, divorced)
 Separated from spouse

8. **Gender:**

- Female
 Male

9. **Ethnicity** (mark only one box):

*Your answer to this question **will not** affect your eligibility for Marin Education Fund's Child Care Scholarship. This information is only used for statistical purposes and for determining eligibility for other Marin Education Fund administered scholarships.*

- | | | |
|---|--|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian American (East Asian) | <input type="checkbox"/> Native-American | <input type="checkbox"/> Other ethnicity |
| <input type="checkbox"/> Asian American (Southeast Asian or Pacific Islander) | <input type="checkbox"/> Multiethnic | |

10. **Do you ordinarily speak a language other than English at home?** Yes No

If yes, which language? _____

Part II for *NEW* Applicants (only)

Applicants are considered *NEW* if they have *never* received payment for the Child Care Scholarship **OR** if they received payment *before the 2006-2007* academic year only. Complete Part II for New Applicants (page 3) and proceed to Part III for All Applicants (page 6 - 8).

If you are a **RENEWAL** student, skip this section (page 3) and proceed to Part II for Renewal Applicants (pages 4 - 5). Please call Marin Education Fund for clarification if necessary.

A. Proposed Training Program

1. What school are you planning to attend during the 2009-2010 school year?

Name of school

City

State

2. What is your field of study? _____

3. When will/did you begin this program? _____ / _____ Month Year

4. When do you plan to complete this program? _____ / _____ Month Year

5. What is your degree objective? (mark only one)

- | | |
|--|---|
| <input type="checkbox"/> Associate's Degree (AA/AS) | <input type="checkbox"/> License |
| <input type="checkbox"/> Bachelor's Degree (BA/BS) | <input type="checkbox"/> Certificate |
| <input type="checkbox"/> 2nd or more Bachelor's Degree | <input type="checkbox"/> Professional post-graduate certification |
| <input type="checkbox"/> Teaching Credential | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Post-graduate degree (MA, JD, MBA, PhD, etc) | |
| <input type="checkbox"/> Pre-requisite courses in order to be eligible to enroll in an accredited program leading to license or certification. | |

If you checked this box, what program do you plan to enroll in once you have completed your pre-requisites?

Name of school: _____

Name of program: _____

Name of degree: _____ Start date: _____

Part II for *RENEWAL* Applicants (only)

Applicants are considered *RENEWING* if they received payment for the Child Care Scholarship *during or after* the 2006-2007 academic year. Complete this section, Part II for Renewal Applicants (pages 4 - 5), and then proceed to Part III for All Applicants.

If you are a **NEW** student, skip this section (pages 4 - 5) and proceed to Part III for All Applicants (pages 6 - 8). Please call Marin Education Fund for clarification if necessary.

A. Official Transcripts

Please request an *official transcript* (or equivalent documentation if not available) from the school you attended when you last received funding for Marin Education Fund's Child Care Scholarship. **This is a required piece of your application packet.** If you previously submitted an official transcript for your 2009-10 Undergraduate or Professional & Technical Training Scholarship application, you do not need to submit another.

B. Continuing Training Program

1. What school are you planning to attend during the 2009-2010 school year?

Name of school

City

State

2. What is your field of study? _____

3. When did you begin this program? _____ / _____ Month Year

4. When do you plan to complete this program? _____ / _____ Month Year

5. What degree objective? (mark only one)

- | | |
|---|---|
| <input type="checkbox"/> Associate's Degree (AA/AS) | <input type="checkbox"/> License |
| <input type="checkbox"/> Bachelor's Degree (BA/BS) | <input type="checkbox"/> Certificate |
| <input type="checkbox"/> 2nd or more Bachelor's Degree | <input type="checkbox"/> Professional post-graduate certification |
| <input type="checkbox"/> Teaching Credential | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Post-graduate degree (MA, JD, MBA, PhD, etc) | |

- Pre-requisite courses in order to be eligible to enroll in an accredited program leading to license or certification

If you checked this box, what program do you plan to enroll in once you have completed your pre-requisites?

Name of school: _____

Name of program: _____

Name of degree: _____ Start date: _____

C. Current Year Experience

Marin Education Fund requires satisfactory academic progress in order to receive renewal funding. We review all renewing student's academic transcripts. The purpose of this section is to share your educational experience with us: your progress, any changes in your plans, as well as circumstances that may have prevented you from completing the units for which you were funded or maintaining at least a 2.0 GPA or satisfactory progress.

1. Please describe your educational experience during the period funded by Marin Education Fund. Overall was it a positive one, or was it less rewarding than you expected? Please tell us why.

2. If you have not completed the hours/units for which we funded you and/or have not maintained a 2.0 GPA or satisfactory progress, please explain the circumstances and barriers that negatively affected your academic progress. How did you respond to them and how do you plan to overcome them as you continue your education?

Part III For *All* Applicants

Household and Financial Information

Please provide answers to the following questions based on your household and financial situation during 2008.

A. Household Information

1. Applicant's age: _____

2. Applicant's marital status:

Married Divorced Separated Widowed Single

3. Please list all members of the applicant's household:

Name	Age	Relationship to applicant (see codes below)	Will this person be attending college during 2009 –2010? (circle one)
			No Part-time Full-time
			No Part-time Full-time
			No Part-time Full-time
			No Part-time Full-time
			No Part-time Full-time
			No Part-time Full-time

Relationship Codes:

- 1 = Applicant's spouse
- 2 = Applicant's child
- 3 = Applicant's parent
- 4 = Applicant's stepparent
- 5 = Applicant's brother or sister
- 6 = Other

B. Financial Information

Answer the following questions based on your and your parent(s) (*if you are dependent*) or spouse (*if you are independent and married*) financial situation during 2008. Please refer to your and your parents' or spouse's (if applicable) W-2 and 2008 federal tax return to complete this section.

For dependent students -- if your biological parents are not married, answer the following questions for the parent who provided you with over 50% of your financial support during 2008.

You must answer all questions. If a field does not apply to you, enter \$0.

Where applicable, the corresponding federal tax form (1040, 1040A, or 1040EZ) lines are indicated for the information requested below.

Important: Submit a copy of applicant's and applicant's parents' (if dependent) or spouse's (if married and filed separately) 2008 federal tax return. If you have not yet filed your 2008 tax forms, please provide other financial documentation (W2, disability, TANF, etc.)

Income and Asset Category	Parent(s) (if student is dependent) OR Spouse (if student is independent and married)	Applicant
Wages, salaries, tips, etc (1040 – line 7; 1040A – line 7; 1040EZ – line 1)	\$	\$
Interest income (1040 – line 8a; 1040A – line 8a; 1040EZ – line 2)	\$	\$
Dividend income (1040 – line 9a; 1040A – line 9a; 1040EZ – N/A)	\$	\$
Net income (or loss) from business, farm, rents, etc. (1040 – lines 12 + 17 + 18; 1040A and 1040EZ – N/A)	\$	\$
Other taxable income (1040 – lines 10, 11, 13, 14, 15b, 16b, 19, 20b, and 21; 1040A – lines 10, 11b, 12b, 13, and 14B; 1040EZ – line 3)	\$	\$
Adjustments to income (1040 – line 36; 1040A – line 20; 1040EZ – N/A)	\$	\$
Welfare benefits	\$	\$
Food stamps, housing assistance and other living allowances	\$	\$
Child support received	\$	\$
IRA and/or Keogh payments received (1040 – line 15b + 16b; 1040A – line 11b + 12b; 1040EZ – N/A)	\$	\$
Payments to tax-deferred pensions	\$	\$
Tax-exempt interest income (1040 – line 8b; 1040A – line 8b; 1040EZ – N/A)	\$	\$

Income and Asset Category	Parent(s) (if student is dependent) OR Spouse (if student is independent and married)	Applicant
Other untaxed income	\$	\$
Social security benefits (1040 – line 20a; 1040A – line 14a; 1040EZ – N/A)	\$	\$
Child support paid	\$	\$
Hope tax credit	\$	\$
Student’s work study earnings/financial aid		\$
U.S. income tax (1040 – line 57; 1040A – line 43; 1040EZ – line 10)	\$	\$
Medical and dental expenses not covered by insurance	\$	\$
Total value of cash, checking and savings accounts	\$	\$
Total value of assets held in the names of the student’s sisters or brothers (dependent students only)	\$	
Value of home minus what is owed (Home equity)	\$	\$
Value of other real estate (not including home) and other investments	\$	\$
Business equity (value of business minus what is owed) Number of employees _____	\$	\$
Farm equity	\$	\$
Trust value (student only)		\$
Did anyone in your household receive the following benefits in 2008? Check all that apply		
<input type="checkbox"/> Supplemental Security Income (SSI)		
<input type="checkbox"/> Food Stamp Program		
<input type="checkbox"/> Free or Reduced Price Lunch Program		
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)		
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC)		

Part IV for All Applicants

A. Authorization and Certification

I understand that it is my responsibility to read, understand and fill out this application accurately and completely and to **comply with all deadlines**.

I understand that I **must** inform Marin Education Fund of any changes in address, enrollment, and financial circumstances or the status of my award may be affected.

I authorize school, federal, state and/or county officials to release to Marin Education Fund information pertaining to my academic record, financial aid eligibility, and the amount and type of aid or benefits received. This information is to be used solely for the purpose of determining my eligibility for Marin Education Fund's Child Care Scholarship Program and other scholarship programs that Marin Education Fund administers.

I agree to allow Marin Education Fund to share the information I have provided with any other student aid funding source, including Marin Education Fund administered scholarship programs for which I may be eligible.

I authorize Marin Education Fund to use my name and school for the purposes of community relations and program evaluation.

I understand that my scholarship application may be denied or withdrawn if it is incomplete and/or if any information reported on this application is found to be intentionally misleading, inaccurate or fraudulent.

I have read and understand my rights and responsibilities.

My signature confirms that I have read and understand the above stated Authorization and Certification.

Applicant's name (please print): _____

Applicant's signature: _____

Date: _____

B. Rights

- You have the right to have your application reviewed for eligibility consistent with Marin Education Fund's eligibility criteria.
- You have the right to request an explanation of scholarship decisions and may appeal decisions in writing for special circumstances. Your appeal must be submitted within 30 days of the date of your decision letter.
- You have the right to know that information pertaining to your application is kept confidential within the provisions of the Authorization and Certification section of the application.

C. Responsibilities

- You are responsible for reading and understanding the Authorization and Certification section of the application.
- You are responsible for reading, understanding, and completing this application accurately and completely, and for complying with all deadlines.
- You are responsible for submitting all requested information and documentation by the stated deadlines.

D. Application Checklist

New Applicants:

- Part I completed with no questions left blank
- Part II for New Applicants completed with no questions left blank
- Part III completed with no questions left blank
- A copy of applicant's and applicant's spouse's (if married and filed separately) 2008 federal tax return
- Part IV read and signed
- Proof of Enrollment form completed by applicant's school
- Provider Verification form completed by child care provider
- A copy of the child care provider's license
- A copy of your child care provider's IRS form W9

Renewal Applicants:

- Part I completed with no questions left blank
- Part II for Renewal Applicants completed with no questions left blank
- Part III completed with no questions left blank
- A copy of applicant's and applicant's spouse's (if married and filed separately) 2008 federal tax return
- Part IV read and signed
- An official transcript
- Proof of Enrollment form completed by applicant's school
- Provider Verification form completed by child care provider
- A copy of the child care provider's license
- A copy of your child care provider's IRS form W9