



# United Way of North Idaho

Thank you for your interest in **United Way of North Idaho Child Care Scholarship Program**. This scholarship program is designed to assist your family with a portion of your child care tuition in a licensed early care or school-age care program in North Idaho. This scholarship will be awarded directly to the licensed care provider as a monthly supplement, not to exceed \$2000 total per family. Applications are reviewed twice per month and families are selected based on identified need and available funds.

## In order to be eligible for this scholarship:

1. Your gross household income (before taxes) must not exceed Federal Health & Human Services income guidelines for your area (see below):

Household size	2	3	4	5	6	7	8
Gross Income (Annual)	\$65,760	\$73,980	\$82,200	\$88,776	\$95,352	\$101,928	\$108,504
Gross Income (Monthly)	\$5,480	\$6,165	\$6,850	\$7,398	\$7,946	\$8,494	\$9,042

2. You must be employed and/or enrolled in school or a job training program (includes local community colleges, technical programs, high school completion, etc.), and
3. You must be a resident of one of the five northern counties of Idaho
4. You must be paying for at least one child in **a licensed early care and education program or out-of-school care program.**

## Families selected will be required to:

- Submit W-9 completed by licensed care provider
- Complete a follow up survey about the impact of the scholarship

## To apply, the following list of documentation is required:

- Application- completed and signed
- Copy of paystubs and/or other income documentation for past 30 days
- Current copy of course schedule-students ONLY
- State-issued ID plus proof of residency. Can be any of the following:

- Current utility bills in your name
- Lease or a letter from your landlord
- Employer verification of your address
- A current, postmarked piece of mail with your address

- Copy of Idaho Child Care Program (ICCP) denial or benefits letter-contact Idaho Department of Health and Welfare for a copy



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- If you have not applied to ICCP, please fill out the application by calling 1-877-456-1233 (toll free) OR visit your local Idaho Department of Health and Welfare field office.
  - Be prepared to provide this information with the application:
    - ID Card
    - Household Income
    - Housing Costs
    - Current Monthly Expenses
    - If applicable, Immigration Status
- If you have chosen NOT to complete an ICCP application, please provide an explanation as to your decision in the application.

***Thank you - we appreciate your time and effort!***



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Date \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Can we leave a message at this number?  Yes  No

Email \_\_\_\_\_ Can we email you?  Yes  No

Total number of people in your household: \_\_\_\_\_

Person or Office that referred you: \_\_\_\_\_

## **Employment and Student Information:**

Employer / School: \_\_\_\_\_ Total hours worked or in class weekly: \_\_\_\_\_

Name of Supervisor / Advisor?: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Total monthly take-home pay from all sources: \_\_\_\_\_

*Note: Employment or student status will be verified at time of selection*

## **Early Care/ School-Age Care Information:**

Name of licensed early care/school-age care provider: \_\_\_\_\_

Name of owner/director: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of children in care: \_\_\_\_\_ Total monthly amount paid for child care: \$ \_\_\_\_\_

I do NOT receive ICCP and have provided a denial letter with my application

I do receive ICCP and have provided a benefits letter with my application

I cannot apply for ICCP/recently lost ICCP because: \_\_\_\_\_

## **Please check all that apply:**

Single parent/guardian household  Parent/guardian in active Military Service, Returned from Military Service or Veteran

Parent/guardian incarcerated and/or returned from incarceration  Mental health concern-child and/or family

## **Has any member of your household in the last 12 months experienced:**

Lack of affordable health insurance or health care  Family in crisis due to emergency relocation or natural/family disaster

Adoption  Chronic health issue and/or disability within the family  Co-parenting/custody/dual households

Death of a family member in the household  Family legal issues  Lack of affordable housing  Teen parent

Loss of work due to COVID  Parent working out of the area



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Our scholarship review team does their best to acknowledge that sometimes numbers don't tell the full story. Please use this space to share any additional information about your household's needs at this time, and how you are working to meet those needs:

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**Should you be approved for this scholarship, which distribution of payment would be MOST beneficial to your family given your current budget and situation?**

- 1 month of support (one time payments, owed back-pay)  2- 3 months of support  4- 5 months of support  
 6- 7 months of support  8- 9 months of support  10-11 months of support  
 12+ months of support (Long term financial or family hardships)

**Personal Information-optional:**

Age: \_\_\_\_\_  Female  Male  Non-binary  Other

**Ethnic Origin:**  Caucasian  African American  Hispanic  Asian/Pacific Islander  Native American  Other

**Educational History:**  11<sup>th</sup> or less  High school graduate  GED graduate  Some college (academic)  
 Some college (vocational)  Associate's Degree  Bachelor's Degree  Master's or beyond

**Acknowledgements:**

- I am the parent or legal guardian of a child enrolled in a licensed early care or out-of-school program
- I am a resident of Idaho's five northern counties and have provided proof of residency.
- I have included a copy of my ICCP benefits or denial letter, or I cannot apply for ICCP and have provided the information as to why in this application.
- I am currently employed and/or a student and have provided a copy of my current student schedule if applicable and understand my employer will be notified to verify employment if applicable.
- I agree, that if I am selected for this scholarship, that I will have my child care provider complete a W-9 within one week of selection into the program.
- I understand, that if I am selected for this scholarship, that the scholarship will be paid directly to the child care provider as a monthly supplement
- I agree, that if I am selected for this scholarship, that I will complete a short survey on the impact of the scholarship.

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