



The Child Care Tuition Scholarship Application

Please complete one application for each child



Name of Child _____ Date of Birth _____

Name of Parent(s) _____

Home Address _____ City _____ State _____ Zip _____

Day Time Phone Number _____ Cell _____ Email _____

Are you currently employed? Yes No

Annual Household Income: \$ _____

Do you currently have a child care **Provider or Program**? Yes No

Name of child care provider/program _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

***Please submit required documentation in order to determine income eligibility for the Child Care Tuition Scholarship. Application must be completely filled out to enter lottery.**

- Copy of 2009 Federal Tax Return; and
 - 4 Weeks of Pay Stubs
- OR**
- Proof of disability income and/or unemployment insurance

***If you have not filed a Federal Tax Return and do not have proof of income, please submit the following:**

- Letter from employer stating length of employment, days, hours and salary
- Letter from you indicating unemployment status

If you need help completing this application see your child care provider/program or call Alice Rosado 845-425-0009 x 495.

Signature _____ Date _____

Submit your application and proof of eligibility to:
Alice Rosado, Family Connections Coordinator
Child Care Resources of Rockland, Inc.
235 North Main Street, Suite 11
Spring Valley, NY 10977

(845) 425-0009 x495
Fax: (845) 425-5312
alicer@rocklandchildcare.org

For Official Use Only
Approval Date: _____
Authorized Signature: _____
Other Comments: _____

