



**CDA Scholarship Application**

Mail, Email or Fax application to:

Child Connect for Family Success  
2710 E. Grand River, Ste. 6  
Howell, MI 48843  
FAX: 517.548.0412

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

Name of Center or Family or Group/Program: \_\_\_\_\_

1. Your Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Phone: (Home or Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

5. Birth date \_\_\_\_\_ 6. Gender: Female Male

7. Email Address: \_\_\_\_\_

8. Family Structure: List everyone in your house and their relationship to you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

9. Primary Language: \_\_\_\_\_

10. Do you have a home computer? \_\_\_\_\_

11. Last four (4) digits of Social Security Number \_\_\_\_\_

# Child Connect for Family Success CDA Application Packet

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12. **Race/Ethnicity:**

Please let us know how you identify yourself (check all that apply):

- Black/African-American       White/European-American  
 Hispanic/Latino (a)       Native American/American Indian \_\_\_\_\_  
 Multi-racial       Pacific Islander/Hawaii Native  
 Asian/Asian American       Other \_\_\_\_\_

13. **Employment Status:**

Beginning date of employment at current work place? \_\_\_\_\_  
Month Day Year

Hours worked per week: \_\_\_\_\_ Current wage/salary: \_\_\_\_\_ per hour

**(Include a copy of your pay stub or other form of income verification with this application.)**

14. **Highest Level of Education:**     High School     Associates Degree     Bachelor's Degree

**For all Scholarship Applicants (Please attach the following documents)**

**1. Verification of Income**

- **Child Care Center Employee**  
A copy of most recent pay stub and the completed attached **Income Statement Form** (column 2)
- **Family/Group Employee**  
A copy of most recent pay stub and the completed attached **Income Statement Form** (column 2)
- **Family/Group Owner**  
**Must complete attached Statement Form (column 1)**
  - copy of most recent DHS subsidy payment receipt
  - copy of most recent Child and Adult Care Food program reimbursement detail

**2. Copy of driver's license**

**3. Copy of Child Abuse Clearance Record/Fingerprinting record**

**Additional Verification of Income**

- **Family/Group Owner**
  - copy of most recent DHS subsidy payment receipt
  - copy of most recent Child and Adult Care Food program reimbursement detail



**CDA Scholarship Program Application**  
**Statement of Income**

**Instructions:** List sources of income available to you. For your source of income, **you MUST** Provide a copy of verification of that income. A statement from your employer indicating your hours and rate of pay or a most recent pay stub will verify earnings from a job.

**APPLICANT'S INCOME**

1. Name of Employer: \_\_\_\_\_
2. Hours/Week: \_\_\_\_\_
3. D. Earning Job #2 (second job, spouse or partner):  monthly/  biweekly/  weekly
4. Are you a student? (check one)       Yes     No

L. TANF/SSI: \_\_\_\_\_

M. Your total income: \_\_\_\_\_

N. Total Family Income (your spouse included): \_\_\_\_\_

**STATEMENT & SIGNATURE OF APPLICANT**

I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to Child Connect for Family Success for a scholarship to help pay the cost of educational expenses.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE ATTACH A COPY OF YOUR INCOME VERIFICATION AND The Completed Following Income Chart.**

# Child Connect for Family Success CDA Application Packet

## Complete 1 Column Only

Family/Group Child Care Home or  
Child Care Center **Owner**  
Monthly Income

Family/Group Child Care Home or  
Child Care Center **Employee**  
Statement of Income

**Income**

- 1. Total monthly parent fees 1.
- 2. What is your monthly DHS subsidy? (attach copy) 2.
- 3. What is your monthly Child & Adult Care Food Program reimbursement? (attach copy) 3.
- 4. Total Monthly Revenue (add lines 1 thru 3) 4.

**Monthly Expenses**

- 5. Food 5.
- 6. Toys/Equipment/Crafts/Supplies 6.
- 7. Assistant/Substitute Care 7.
- 8. Training 8.
- 9. Transportation 9.
- 10. Gifts for Children/Families 10.
- 11. Other (specify) 11.
- 12. Total Monthly Expenses 12.

**Total Revenue (Box 4)**    **Total Expenses (Box 12)**    =    **Monthly Earnings**

      

**Applicant's Income**

Job #1 Earnings:  per  (hour/week/month)

Employer: \_\_\_\_\_  
Hours/week \_\_\_\_\_

Job #2 Earnings:  per  (hour/week/month)

Employer: \_\_\_\_\_  
Hours/week \_\_\_\_\_

Your Total Income:

Your Total Family Income: (Spouse Included)

Have you applied for any other financial aid?  Yes  No (i.e., Pell grants or student loans)

Source of financial aid: #1 \_\_\_\_\_

Date of application: \_\_\_\_\_ (please attach copy of award letter)

Application Status:  Awarded  Denied  Pending

Source of financial aid: #2 \_\_\_\_\_

Date of application: \_\_\_\_\_ (please attach copy of award letter)

Application Status:  Awarded  Denied  Pending

