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CHILD CARE SCHOLARSHIP APPLICATION

Academic Year 2010 – 2011

Fall Deadline: September 1, 2010

Spring Deadline: January 1, 2011

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. Home phone: (____) _____ 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 10,000 Degrees' Child Care Scholarship. This information is only used for statistical purposes and for determining eligibility for other 10,000 Degrees 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 | |



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Applicants are considered **NEW** if they have never received payment for the Child Care Scholarship **OR** if they have not received payment since before the 2007-2008 academic year. Complete Part II for New Applicants on page 3, and proceed to Part III for All Applicants on pages 6-8.

If you are a **RENWAL** applicant (have received payment for the Child Care Scholarship in the past three years), skip this section, and proceed to Part II for Renewal Applicants on pages 4-5.

PART II : FOR NEW APPLICANTS ONLY

A. Proposed Training Program

1. What school are you planning to attend during the 2010-2011 academic year?

_____ 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)

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

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

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

Name of school: _____

Name of program: _____ Start date: _____



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PART II : FOR RENEWAL APPLICANTS

A. Official Transcripts

Please request an **OFFICIAL TRANSCRIPT** from the school you attended when you last received funding for 10,000 Degrees' Child Care Scholarship. *This is a required piece of your application packet.* If you previously submitted an official transcript for your 2010-2011 Undergraduate Scholarship application, you do not need to submit another. *Transcripts must be postmarked by September 1, 2010 for fall applications and January 1, 2011 for spring applications.* Applications will not be considered without official transcripts.

B. Continuing Training Program

1. What school are you planning to attend during the 2010-2011 academic year?

_____ 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)

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

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

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

Name of school: _____

Name of program: _____ Start date: _____



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C. Current Year Experience

10,000 Degrees requires satisfactory academic progress in order to receive renewal funding. We review all renewing students' academic transcripts. The purpose of this section is to share your educational experience with us: your progress, any changes in your plans, and any circumstances that may have prevented you from completing the units for which you were funded or maintaining at least a 2.0 GPA.

1. Please describe your educational experience during the period funded by 10,000 Degrees. 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, 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?



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PART III : FOR ALL APPLICANTS

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 2010 –2011? (circle one)			Will this person be working during 2010-2011? (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
			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



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B. Financial Information

Answer the following questions based on your and your spouse’s (if you married) financial situation during 2009. Please refer to your and your spouse’s (if applicable) W-2 and 2009 federal tax return to complete this section.

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

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

Important: Submit a copy of your and your spouse’s (if married and filed separately) 2009 federal tax return. If you have not yet filed your 2009 tax forms, please provide other financial documentation (W2, disability, TANF, etc.).

<u>Income and Asset Category</u>	<u>Applicant</u>	<u>Spouse (if married)</u>
1. Adjusted Gross Income (1040 line 37; 1040-A line 21; 1040-EZ line 4)	\$ _____	\$ _____
2. Wages, salaries, and tips (1040 line 7; 1040-A line 7; 1040-EZ line 1)	\$ _____	\$ _____
3. Taxable Income (If tax filers, enter the amount from line 1. If non-tax filers, enter the amount from line 2.)	\$ _____	\$ _____
4. Untaxed income and benefits (Include annual total of welfare benefits, food stamps, child support, and any other tax-exempt income.)	\$ _____	\$ _____
5. 2009 U.S. income tax paid (1040 line 60, 1040-A line 37, 1040-EZ line 11)	\$ _____	\$ _____
6. Cash, savings, and checking	\$ _____	\$ _____
7. Net worth of investments (Do not include your home)	\$ _____	\$ _____
8. Net worth of business/farm	\$ _____	\$ _____



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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 10,000 Degrees 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 10,000 Degrees 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 10,000 Degrees' Child Care Scholarship Program and other scholarship programs that 10,000 Degrees administers.

I agree to allow 10,000 Degrees to share the information I have provided with any other student aid funding source, including 10,000 Degrees administered scholarship programs for which I may be eligible.

I authorize 10,000 Degrees 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: _____



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B. Rights

- You have the right to have your application reviewed for eligibility consistent with 10,000 Degrees' 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 (if married and filed separately) 2009 federal tax return
- Part IV read and signed
- Proof of Enrollment form completed by applicant's school
- Financial Aid form completed by applicant's school or Financial Aid award letter
- Provider Verification form completed by the child care provider
- A copy of 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 (if married and filed separately) 2009 federal tax return

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- Part IV read and signed
- Official** transcript(s)
- Proof of Enrollment form completed by applicant's school
- Financial Aid form completed by applicant's school or Financial Aid award letter
- Provider Verification form completed by the child care provider
- A copy of child care provider's license
- A copy of your child care provider's IRS Form W9