



Childcare and Academic Assistance Program Application

Child Information

Provide information for all children you want to be considered for a scholarship. Use separate applications for children living at different addresses. Siblings are children who share one or both parents through blood, marriage, or adoption, including siblings as defined by the children's tribal code or custom.

Child 1

Child's Legal Name: _____

Child's Date of Birth: _____

Child's Gender (please describe): _____

Ethnicity (check one): ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race (check all that apply):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American

☐ Pacific Islander or Native Hawaiian ☐ White

Name the childcare or tutoring program where you plan to use the scholarship if awarded:

Is this child currently attending this program (check one)? ☐ Yes ☐ No

Child 2

Child's Legal Name: _____

Child's Date of Birth: _____

Child's Gender (please describe): _____

Ethnicity (check one): ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race (check all that apply):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American

☐ Pacific Islander or Native Hawaiian ☐ White

Name the childcare or tutoring program where you plan to use the scholarship if awarded:

Is this child currently attending this program (check one)? ☐ Yes ☐ No

Child 3

Child's Legal Name: _____

Child's Date of Birth: _____

Child's Gender (please describe): _____

Ethnicity (check one): ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race (check all that apply):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American

☐ Pacific Islander or Native Hawaiian ☐ White

Name the childcare or tutoring program where you plan to use the scholarship if awarded:

Is this child currently attending this program (check one)? ☐ Yes ☐ No

Parent/Legal Guardian Information

Parent/Guardian's Legal Name: _____

Home Address: _____

Apt/Unit: _____

City: _____ State: _____ ZIP: _____

County: _____

Relationship to the child/children: ☐ Parent ☐ Legal Guardian ☐ Other: _____

Phone Number: _____

Email Address: _____

Additional Contact

Legal Name: _____

Home Address: _____

Phone Number: _____

Email Address: _____

Household Information

List all household members who are infants, children, and students up to and including grade 12.

Child's First & Last Name: _____

Child's First & Name: _____

Child's First & Last Name: _____

Child's First & Last Name: _____

Child's First & Last Name: _____

Child's First & Last Name: _____

What language does your family mostly speak at home? ☐ English ☐ Spanish ☐ Somali ☐
Other: _____

How did you hear about the scholarship? ☐ School ☐ Childcare Provider ☐ Online Research
☐ Other: _____

Proof of Income Eligibility

Families must demonstrate their income eligibility through participation in public programs or household income documentation.

Attach relevant documents as proof.

Agreement to Comply with Program Requirements

Signing this application confirms that you have read, understood, and agreed to the program requirements. You are expected to attend regularly, pay tuition on time, and reapply annually.

Applicant Signature: _____ Date: _____