

BUILD, LEARN, GROW SUMMER SCHOLARSHIP APPLICATION

To increase access to high-quality summer programming and to help children continue learning during the summer, Indiana's *Build, Learn, Grow* Summer Scholarship Fund offers families who work in essential businesses scholarships to help their school-age children continue learning and be ready to for the 2022-23 school year. *Build, Learn, Grow* Summer Scholarships will cover 20-80% of the cost of tuition for out-of-school learning programs. Scholarships are available for eligible families from May 23 - August 12, 2022.

ELIGIBILITY

- 1) At least one parent or guardian works in an essential business, as defined by Indiana's Executive Order 20-08
- 2) The family's current income level meets one of the following requirements:

If your family's current income is less than 128% of the federal poverty level	You are eligible to apply for CCDF
If your family's current income is between 128% and 250% of the federal poverty level	80% of your cost of care is covered
If your family's current income is between 251% and 400% of the federal poverty level	60% of your cost of care is covered
If your family's current income is more than 400% of the federal poverty level	20% of your cost of care is covered

- 3) The family has submitted a complete application to a qualified program
- 4) The family resides in Indiana

CHILD'S FULL NAME

BIRTH DATE (MM/DD/YYYY)

 / /

LAST FOUR DIGITS OF SSN

PARENT/LEGAL GUARDIAN FULL NAME

PHONE NUMBER

 - -

EMAIL ADDRESS

FAMILY'S STREET ADDRESS

CITY

STATE

ZIP

IS THIS CHILD OF HISPANIC, LATINO, OR SPANISH ORIGIN? (OPTIONAL)

- Yes
- No
- Prefer not to answer

WHAT IS THIS CHILD'S RACIAL IDENTITY? (OPTIONAL)

- American Indian, Native American, Indigenous, or Alaska Native
- Asian or Asian American
- Black, African, or African American
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

Prefer to Self Describe

HOUSEHOLD SIZE

GROSS MONTHLY HOUSEHOLD INCOME

NUMBER OF PEOPLE IN HOUSEHOLD WHO EARN WAGES

EMPLOYER OF PARENT/LEGAL GUARDIAN

DESCRIPTION OF ESSENTIAL BUSINESS

I understand I will be required to provide either two pay stubs from the past 90 days or complete an income verification form to verify my income. I hereby certify all the information provided is true and correct to the best of my knowledge. I understand submission of this application does not guarantee services will be provided. Further, I understand I will be asked to verify information supplied on this application. When I submit this application to a child care provider, I consent to the release of the application to the Office of Early Childhood and Out-of-School Learning, Early Learning Indiana, and Indiana Afterschool Network. I also understand that providing incorrect or misleading information on any of the forms may result in immediate termination of my family's funding, repayment of any fees overpaid on behalf of my child, and criminal charges if applicable.

SIGNATURE _____

DATE _____

