



CONFIDENTIAL

**SCOPE EDUCATION SERVICES
STUDENT SERVICES SCHOLARSHIP APPLICATION**

Requested effective start date and school year: _____
Child's Name: _____ Parent/Guardian's Name: _____
Street: _____ Town: _____ Zip: _____
Day Time Phone: (____) _____ District: _____ Program Site: _____
Program (Circle): AM Child Care PM Child Care Day Care Pre-K
If AM or PM Child Care, please circle: Part Time Full Time Current Monthly Tuition: \$ _____
Is your child currently enrolled in the SCOPE program you are requesting this scholarship? _____
If "YES", please provide your child's SCOPE Student Account # _____

Are you reapplying for a SCOPE Scholarship? _____ If "Yes", please provide the total scholarship awarded \$ _____ and the scholarship effective date ____/____/____.

Have you applied for funding through the Department of Social Services*? Yes _____ No _____

*If "No" you are required to be pre-screened for child care funding through the Department of Social Services before you can be considered for a SCOPE scholarship. For information click on the OCFS CCAP website:

<https://ocfs.ny.gov/programs/childcare/ccap/> (-> gcc02.safelinks.protection.outlook.com) where you can click on "Do I qualify for CCAP?" or go directly to the pre-screening questionnaire at:

<https://hs.ocfs.ny.gov/CCAPeligibility/> (-> gcc02.safelinks.protection.outlook.com) . NOTE: The screening tool allows parents and caretakers to answer a few questions to see if they qualify for low or no cost child care. (Most of the questions are *Yes* or *No* questions and takes approximately 10 minutes to complete.)

If you have applied for funding through the Department of Social Services, provide your current status, caseworker and attach supporting documentation: _____

Have you applied for the school's Free Lunch or Reduced Lunch Program? Yes _____ No _____

If "No" you are required to apply to the Free/Reduced Lunch Program before you can be considered for a SCOPE scholarship. To apply for the Free/Reduced Lunch Program, please contact your child's home school to obtain the required form.

Have you been approved for free or reduced lunch? _____ If "YES" please attach approval documentation to become eligible for a SCOPE tuition reduction.

Do you rent or own your home? _____ Rent _____ Own _____

Amount of Scholarship Request (Circle One): 100% 75% 50% 25%

A written explanation of your need for a SCOPE Scholarship must be submitted with this application.

All information will remain confidential. Scholarships are limited and will be awarded based on an as-needed basis for children enrolled in a SCOPE Child Care Program. E-mail completed application with required letter to: cereg@scopeonline.us OR fax to: (631) 881-9672

My signature below verifies this information to be true and accurate.

Parent/Guardian: _____ Date: _____

DO NOT WRITE BELOW THIS LINE (To be completed by SCOPE Administration)

Status: _____

____ Approved ____ Denied Amount \$ _____ Free ____ Reduced ____ DSS Pending ____

(Director for Student Services Signature)

(Date)

Form #86 (4/23)