



26/27 SCOPE Education Services SCHOLARSHIP APPLICATION

Child's Name: _____ Parent/Guardian's Name: _____
Requested start date and school year: _____ District: _____ School: _____
Day Time Phone #: _____ Session Requested (Circle One) AM or PM or BOTH

Street: _____ Town: _____ Zip: _____

Is your child currently enrolled in a SCOPE Child Care Program: YES or NO
If yes, Account # _____ Anticipated 26/27 Schedule Circle One Pick Your Days or Consistent Days (Full Time)
Are you reapplying for a SCOPE Scholarship?

If yes, please provide total scholarship award: \$ _____ Scholarship School Year _____
Amount of Scholarship Requested: 100% 75% 50% 25%

1. All scholarship applicants **must** go through screening process for Department of Social Services eligibility.
If you **have applied** for funding, please provide your current status and casework. Attach supporting documentation.
Status: _____ Case Worker Name: _____ Case # if available: _____

If you **have not** applied, please follow link and complete. [hs.ocfs.ny.gov/CCAPeligibility/](https://ocfs.ny.gov/CCAPeligibility/). You can also contact the Department of Social Services directly at 631-854-3349 (Suffolk County) or 516-227-7976 (Nassau County).

This screening tool allows parents and caretakers to see if they qualify for low or no cost childcare. The questionnaire will take 10 minutes to complete. **You must include screenshot of completion of questionnaire indicating your eligibility.** If this prompts you that you may be eligible, you will need to follow up to determine your qualification for any potential funding.

2. All scholarship applicants are required to submit the first page of your 24/25 Federal Tax Return (please remove Social Security #'s) to determine eligibility for the Free & Reduced Lunch program per Federal guidelines. The guideline link is included below.

<https://www.federalregister.gov/documents/2024/02/20/2024-03355/child-nutrition-programs-income-eligibility-guidelines#p-15>

3. A brief explanation of need for SCOPE Scholarship must be included and submitted with this application. All information will remain confidential. Scholarships are limited and will be awarded on an as-needed basis for children enrolled in a SCOPE Student Service Program.

4. Email completed application to: dpendel@scopeonline.us or sscatoni@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)

Application: Approved ____ Denied ____ Amount \$: _____

Date: _____

Director of Student Services



HAVE YOU INCLUDED THE FOLLOWING?

- ◇ **COMPLETE APPLICATION**
- ◇ **DSS PAPERWORK OR SCREEN SHOT CONFIRMING SCREENING COMPLETION**
- ◇ **2025 TAX RETURN PG 1 ~ *PLS WHITE OUT DATE OF BIRTH AND SS#***
- ◇ **NARRATIVE OUTLINING YOUR CIRCUMSTANCE**

Note: Scholarships will not be considered without all of the above. Email to dpendel@scopeonline.us or sscatoni@scopeonline.us or fax to 631-881-9672