



"Giving all Galveston children the opportunity to soar"

Scholarship Application



"Giving all Galveston children the opportunity to soar"

Dear Applicant:

Thank you for your interest in your child/ children attending Moody Early Childhood Center. Enclosed you will find an application for assistance along with detailed instructions to help you accurately complete your application.

Please note that a signed, completed application and all required documents must be submitted in order for your application to be processed in a timely manner. Failure to submit the required documentation will result in delayed processing or denial of your application.

*Completion of this application does not guarantee you will receive childcare assistance.

- All eligibility criteria must be met for you to qualify and receive assistance.
- MECC staff will determine eligibility.

For any additional questions:

Please contact Family Advocate Trennie Henry at (409) 761-6937 or (713) 373-1346.

FOR OFFICE USE ONLY

Date Received: ___/___/___

Family Advocate Initials: _____

Moody Early Childhood Center Assistance Program

Who is Eligible?

- Parents who are working, or
- Parents who are searching a job (within State established time limits, or
- Teen parents (up to age 21) in high school diploma or GED, Certificate, or Vocational program.
- Parents needing child care for up to 24 months for post-secondary education or training up to a 1st Bachelor's Degree or less), or GED, ESL, or Adult Basic Education, for up to 12 months, or
- Families receiving Texas Workforce Solutions/TANF/AFDCDC that are completing countable work activities on their Individual Responsibility Agreement.
- Applicants must be resident of the City of Galveston.

ALL FAMILIES MUST BE IN ONE OF THE ABOVE LISTED ACTIVITIES AND INCOME MUST NOT EXCEED THE FOLLOWING GROSS MONTHLY INCOMES:

Family Size	2	3	4	5	6	7	8
Maximum Monthly Gross Income:	\$2,743	\$3,463	\$4,183	\$4,903	\$5,623	\$6,343	\$7,063

Program Requirements

- Parents must continuously be in an eligible activity,
- Parents must provide income verification before approval,
- Families that qualify must directly pay "a parental fee" to their child care provider for a portion of the total cost, and
- Eligibility for continued assistance is periodically re-determined.
- Parents must cooperate with Child Support Enforcement services.

There are the primary factors used to determine eligibility for this program. Eligibility will be determined by MECC staff when the applicant has completed an application, signed the client responsibilities agreement, learned how to use the MECC swipe machine and provided necessary verification. Client assumes financial responsibility for childcare payment if care is used before written MECC authorization is received

Part 1. Household Information

A. Enter Applicant Contact Information

First Name		Last Name		Social Security No. or State ID Number	
Street address: (include Apartment No.)			City	State	Zip Code
Email Address		Mobile phone no.: ()		Home phone no.: ()	

B. Enter ALL Household Member Details

Name (First and Last Name)	Gender	Birthdate Month/Day/Yr.	Age	Ethnicity	SS# or I.D.
1.	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes, Hispanic/Latin <input type="checkbox"/> NOT Hispanic/Latin	-- --
2.	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes, Hispanic/Latin <input type="checkbox"/> NOT Hispanic/Latin	-- --
3.	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes, Hispanic/Latin <input type="checkbox"/> NOT Hispanic/Latin	-- --
4.	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes, Hispanic/Latin <input type="checkbox"/> NOT Hispanic/Latin	-- --
5.	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes, Hispanic/Latin <input type="checkbox"/> NOT Hispanic/Latin	-- --
6.	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes, Hispanic/Latin <input type="checkbox"/> NOT Hispanic/Latin	-- --

C. Select the response that best describes your Household Type

<input type="checkbox"/> Single-mother, child(ren) lives in home	<input type="checkbox"/> Non-related Adults with Children
<input type="checkbox"/> Single father, child(ren) lives in home	<input type="checkbox"/> Single Person
<input type="checkbox"/> Two-parent household	<input type="checkbox"/> Multi-generational (grandparent, parents and child together)
<input type="checkbox"/> Two Adults, NO children living in home	<input type="checkbox"/> Other, none of the above

D. Select the response that best describes your Housing

<input type="checkbox"/> I receive Housing Assistance (Housing Voucher, Sec 8, etc.)
<input type="checkbox"/> I am Renting an Apartment
<input type="checkbox"/> I am Renting a Home
<input type="checkbox"/> I am a Homeowner
<input type="checkbox"/> I have Other <i>permanent</i> Housing
<input type="checkbox"/> I am Homeless
<input type="checkbox"/> Other, none of the above (For example, I am living with Friends/Relatives)

Part 2. Household Members Demographics

A. Select Demographics for each Household Member					
NAME (First and Last)	Education	Race	Health Insurance?	Living With a Disability?	Military Status?
	<input type="checkbox"/> 0- PK3 grade <input type="checkbox"/> PK4 – 6th grade <input type="checkbox"/> 7th – 8th grade <input type="checkbox"/> 9-12 / Non-graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2 or 4 College Degree <input type="checkbox"/> Master’s or Doctorate	<input type="checkbox"/> Black / Afr-Amer <input type="checkbox"/> White <input type="checkbox"/> Amer. Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Multi-race <input type="checkbox"/> Other	<input type="checkbox"/> Yes, it is Employment-Based Ins. <input type="checkbox"/> Yes, it is Medicaid. <input type="checkbox"/> Yes, it is Medicare. <input type="checkbox"/> Yes, it is CHIP Health Coverage. <input type="checkbox"/> Yes, it is State Insurance for Adults. <input type="checkbox"/> Yes, it is Military Health Care. <input type="checkbox"/> Yes, it is Direct-Purchase. <input type="checkbox"/> No. I do not have any Health Ins.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, I am a Veteran. <input type="checkbox"/> Yes, I am Active Military. <input type="checkbox"/> NA /Does Not Apply
	<input type="checkbox"/> 0- PK3 grade <input type="checkbox"/> PK4 – 6th grade <input type="checkbox"/> 7th – 8th grade <input type="checkbox"/> 9-12 / Non-graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2 or 4 College Degree <input type="checkbox"/> Master’s or Doctorate	<input type="checkbox"/> Black / Afr-Amer <input type="checkbox"/> White <input type="checkbox"/> Amer. Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Multi-race <input type="checkbox"/> Other	<input type="checkbox"/> Yes, it is Employment-Based Ins. <input type="checkbox"/> Yes, it is Medicaid. <input type="checkbox"/> Yes, it is Medicare. <input type="checkbox"/> Yes, it is CHIP Health Coverage. <input type="checkbox"/> Yes, it is State Insurance for Adults. <input type="checkbox"/> Yes, it is Military Health Care. <input type="checkbox"/> Yes, it is Direct-Purchase. <input type="checkbox"/> No. I do not have any Health Ins.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, I am a Veteran. <input type="checkbox"/> Yes, I am Active Military. <input type="checkbox"/> NA /Does Not Apply
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Part 3. Sources of Income, for Adults Living in Home

(B) Select Income Sources for each Adult Household Member

NAME (First and Last)	Work Status?	Other Sources of Income and Non-Cash Benefits (check all that apply) Provide Documentation required for all Income Sources selected.			
	<input type="checkbox"/> Employed, Full-Time <input type="checkbox"/> Employed, Part-Time <input type="checkbox"/> Unemployed (Less than 6 months) <input type="checkbox"/> Unemployed (More than 6 months) <input type="checkbox"/> Not employed. Not seeking employment <input type="checkbox"/> Retired <input type="checkbox"/> In School	<input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Disability Income (SSDI) <input type="checkbox"/> VA Service-Connected Disability Comp <input type="checkbox"/> VA Non-Service Connected <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Pensions	<input type="checkbox"/> Court-ordered Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> College Scholarship and/or grants <input type="checkbox"/> Gift/Cash from Family and Friends <input type="checkbox"/> Job Training Stipends <input type="checkbox"/> Assistance from Agencies <input type="checkbox"/> Gift / Cash from Friends or Family	<input type="checkbox"/> SNAP Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Other	
If Employed? How often are you paid? • One Time per Month • Twice Monthly • Every-Other-Week • Every Week If in School how many hours and specify school you attend _____					
	<input type="checkbox"/> Employed, Full-Time <input type="checkbox"/> Employed, Part-Time <input type="checkbox"/> Unemployed (Less than 6 months) <input type="checkbox"/> Unemployed (More than 6 months) <input type="checkbox"/> Not employed. Not seeking employment <input type="checkbox"/> Retired <input type="checkbox"/> In School	<input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Disability Income (SSDI) <input type="checkbox"/> VA Service-Connected Disability Comp <input type="checkbox"/> VA Non-Service Connected <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Pensions	<input type="checkbox"/> Court-ordered Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> College Scholarship and/or grants <input type="checkbox"/> Gift/Cash from Family and Friends <input type="checkbox"/> Job Training Stipends <input type="checkbox"/> Assistance from Agencies <input type="checkbox"/> Gift / Cash from Friends or Family	<input type="checkbox"/> SNAP Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act <input type="checkbox"/> Other	
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Part 3 Continued. Sources of Income, for All Adults Living in Home

(B) Select Income Sources for each Adult Household Member

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	<input type="checkbox"/> Employed, Full-Time <input type="checkbox"/> Employed, Part-Time <input type="checkbox"/> Unemployed (Less than 6 months) <input type="checkbox"/> Unemployed (More than 6 months) <input type="checkbox"/> Not employed. Not seeking employment <input type="checkbox"/> Retired <input type="checkbox"/> In School	<input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Disability Income (SSDI) <input type="checkbox"/> VA Service-Connected Disability Comp <input type="checkbox"/> VA Non-Service Connected <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Pensions	<input type="checkbox"/> Court-ordered Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> College Scholarship and/or grants <input type="checkbox"/> Gift/Cash from Family and Friends <input type="checkbox"/> Job Training Stipends <input type="checkbox"/> Assistance from Agencies <input type="checkbox"/> Gift / Cash from Friends or Family	<input type="checkbox"/> SNAP Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act <input type="checkbox"/> Other	
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If Employed? How often are you paid? • One Time per Month • Twice Monthly • Every-Other-Week • Every Week If in School how many hours and specify school you attend _____					

Part 4. Reason for Application

(A) Reason for Application

(A1) Indicate the situation and/or circumstances that have led to you requesting Scholarship funding?

- Recent Divorce / Separation
- Relocated to the Galveston-area
- Unexpected expenses
- Decrease in Housing Award or Other Support
- Recent Job Loss
- Last Date of Employment _____
- Medical Emergency
- Other Reason

Based on your response in (A1), please provide details of your current household situation. Use the space below to write.

(B) Preferred Contact

Preferred Contact Number:

Preferred Contact Email Address:

When is the best time to Contact You?

- AM (Morning)
- PM (Afternoon)
- Anytime, Weekdays (Monday – Friday)



**Before signing the Applicant
Certification, Review the Checklist
for Completion.**

To download an application and learn more about MECC visit: www.MoodyEarlyChildhoodCenter.org

Please note: Client and Provider assume financial responsibility for childcare payment if care is used before written MECC authorization is received.

- Your completed and signed MECC application AND signed client responsibilities agreement
- Verification of all other household income including: child support, SSI, Unemployment, etc.....
- Original photo ID for the adult caretaker completing this application.
- U.S. Citizenship verification – **Original** (or certified) birth certificate for any children needing MECC.
- Teen parents (21 and under) will need to provide a copy of a certified birth certificate.
- Proof of residency – utility bill, lease, official government mail in your name or in the name of the person with whom you reside. If you live with parent, relative – a letter from them stating you live with them at specific address and whether or not you pay rent. Relative must sign and date letter and provide their phone number and proof of residence in their name (utility bill, lease, official government mail).
- Name of the child care provider, address, phone, fax and provider ID # (*see below for help finding provider)
- Child Visitation schedule (copy of court order or written information signed by both parents, if applicable)

If you are working:

- The last 30 days of pay stubs of all adult members of your household.

If you are self-employed: (complete the self-employment agreement)

- The last 30 days of pay stubs or ledgers including all income and expenses with supporting invoices and receipts for all self-employed adult members of your household.
- Copy of your recent tax return showing you filed as self-employed, EIN number or W-9.
- Statement of anticipated work schedule.

If you are a student:

- A letter from your school verifying the program you are in, that you are making satisfactory progress, the degree or certificate you will receive, and your anticipated graduation date.
- A copy of your school schedule, including days and time of your class. As well as, the start and end dates of the quarter, semester, or session.

For Teen Parents:

- A copy of school schedule and verification that you are in a High School diploma or GED program and
- Letter from school counselor or teen parent coordinator

CLIENT RESPONSIBILITIES AGREEMENT

1. I agree to notify my Family Advocate child care worker in writing within ten (10) days if my total household income exceeds 85% of the State Media Income and report within four (4) weeks if my qualifying eligible activity changes. I understand that I must also verify these changes and that I will have to repay any benefits I received for which I was not eligible.

Circle household size and State Media Income (SMI) amount

Household Size	2	3	4	5	6	7	8	9	10+
85% SMI	\$3,607	\$4,456	\$5,305	\$6,154	\$7,003	\$7,162	\$7,321	\$7,480	\$7,639

2. I agree that I must complete the redetermination proves when it is due, including all required verification.
3. I agree that I must verify my eligible activity. (By providing education/training or work schedules at re-determination and whenever my activity changes.)
4. I agree to notify my Family Advocate child care worker in writing at least ten (10) days BEFORE changing child care providers otherwise the county may not pay for my child care.
5. I agree to be responsible for resolving any problems I might have with my child care provider.
6. I agree to notify the appropriate authorities if I have any concerns about possible abuse or neglect of a child while in child care.
7. I understand that if any parent in my household is self-employed I/we must maintain an average income that exceeds business expenses and I agree to track and verify income, expenses, work schedule and need for care to assist in my eligibility determination. I also understand that I must provide documentation from the IRS or to other government agency to verify my self-employment status.
8. I understand that if child care is provided for my employment activity then the taxable gross wage divided by the number of hours I used child care form my employment must equal at least the current federal minimum wage in order to continue receiving child care.
9. I agree that if my county requires child support enforcement I will cooperate with the child support enforcement office for any child that has an absent parent regardless of whether they receive child care assistance.
10. I agree that I will not leave my MECC card in the possession for my child care provider at any time or I may be disqualified from the Work source Child Care Assistance Program.
11. I agree to use my MECC card to check my child(ren) in and out of care daily or my child care assistance case may close and I shall be responsible for payment of the child care costs.
12. I understand that a person found to have intentionally given false information by deed or omission cannot get child care assistance for twelve (12) months for the first offense, twenty-four (245) months for the second offense, and permanently for the third offense. This crime is subject to prosecution under federal and state laws.
13. PARENTAL FEE:
 - a. I agree to pay the parental fee listed on my child care authorization notice and that it is due to the provider on the first day of each month.
 - b. I understand that my parental fee is based on my income, household size and number of children in care and is subject to change upon receiving prior notice from MECC.
 - c. I understand that if I do not pay this fee or make acceptable payment agreements with my child care provider, I will lose my child care.

Applicant 1 Signature

Date

Applicant 2 Signature

Date

YOU MUST ALSO READ AND SIGN THIS PAGE

I/We certify that the information on this form is correct to the best of my knowledge. I/We understand that failure to report required changes or misreporting information may result in the recovery and/or discontinuance of my child care benefits. I/We have read and agree to the conditions above for receiving assistance with my child care cost.

Signature of Primary Adult Caretaker: _____ Date: _____

Signature of Other Adult Caretaker: _____ Date: _____

Thank you for completing this form. If you have, any questions call the MECC Family Advocate at (409) 761-6937.



"Giving all Galveston children the opportunity to soar"

FOR OFFICE USE ONLY

Scholarship Information	
Child's Name	
Scholarship Approval Date	
Parental Fee	
Tuition Amount	

****Please complete and turn in to Business Manager****