



SCHOLARSHIP APPLICATION FORM

SCHOOL YEAR 2023–2024 (PAGE 1 OF 3)

- ▶ **Participants must first apply for Child Care Services with Workforce Solutions of the Coastal Bend (WSCB) at 520 N. Staples St., Corpus Christi, Texas 78401; phone: 361-882-7491. If denied or placed on a waiting list, then you may apply for the City’s Scholarship. A copy of the denial or waiting list letter from WSCB will be required.**
- ▶ **To be eligible for a scholarship, all adults in the household must be working, attending school, or training 25 hours or more per week.**
- ▶ *Applicant must pay full tuition at time of registration.*
- ▶ **Incomplete application forms will not be accepted.**
- ▶ *Participants cannot receive financial assistance for child care from more than one agency.*
- ▶ *Please note that this application is only good for school year 2023–2024.*
- ▶ Do you, and/or your spouse, or other adults in household, work or attend school/training?
 Yes No If “Yes,” please complete the attached form. **If “No,” stop now!** ◀ ◀ ◀

1. In order to process your application, YOU and ALL ADULTS in household MUST SUBMIT all the necessary documents:

ALL applicants MUST submit:

- A. **Copies of the last 4 pay stubs or a typed letter from your employer stating the amount you are paid and how often** (weekly, bi-weekly, monthly, etc.).
- B. If receiving child support, submit a **copy of your Child Support Agreement**.
If you state that no child support has been received, you must submit letter from Texas Attorney General’s Office to verify your statement. (Texas Attorney General’s Office address: 2820 South Padre Island Drive, Suite 298, Corpus Christi, TX 78415; Phone: 361-851-5024)
- C. Copy of official class schedule if attending school, if applicable.
- D. Copy of denial or waiting list letter from Workforce Solutions of the Coastal Bend.

2. YOU MUST SUBMIT DOCUMENTS WITHIN ONE WORK DAY.

Qualified applicants will be credited tuition difference. Applications submitted after the first day of the week will take effect the following week.

For scholarship questions, contact Stephanie Vasquez at StephanieV2@cctexas.com or **361-826-3453**.

- ▶ ▶ ▶ You will be contacted *if an **interview** is necessary* upon review of your submitted application.

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FOR STAFF USE ONLY Payment \$: _____ Per Child. Scholarship #: _____

SCHOLARSHIP APPLICATION FORM

SCHOOL YEAR 2023–2024 (PAGE 2 OF 3)

DATE: _____
PROGRAM: _____
SITE: _____

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SCHOLARSHIP CHECKLIST:

- ___ Workforce Solutions letter
- ___ 4 pay stubs or typed letter
- ___ College schedule, if applicable
- ___ Child support letter

1. Name of child(ren) for whom scholarship is being requested:
Name: _____ Grade: _____

2. Name of Parent(s) or Guardian(s): _____
Address: _____
Telephone (H): _____ (W): _____ SSN: _____

3. **MUST LIST ALL NAMES and ages of EVERYONE** living in the same household, including parents or guardians.

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STOP! Did you supply all the information for numbers 1-3? If not answered, YOU will delay the processing of your application.

4. Place of employment: _____ Telephone (W): _____
Address of employment: _____ City/ZIP: _____
What **DAYS** do you work? (If your schedule varies, write all possible scheduled days.) _____

(If your hours vary, write all possible scheduled hours.) _____

Hourly wage: \$ _____ How many **HOURS A WEEK** do you work? _____

How often do you get paid? Weekly Every 2 weeks Monthly
 Twice a month (on the _____ and _____ of the month)

FOR STAFF USE ONLY

Child Support: \$ _____
Annual Income: \$ _____

5. **SPOUSE'S/OTHER ADULT'S** place of employment: _____ Telephone (W): _____
Address of employment: _____ City/ZIP: _____
What **DAYS** do you work? (If your schedule varies, write all possible scheduled days.) _____

(If your hours vary, write all possible scheduled hours.) _____

Hourly wage: \$ _____

How often do you get paid? Weekly Every 2 weeks Monthly
 Twice a month (on the _____ and _____ of the month)

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Annual Income: \$ _____
Total Household Income: \$ _____

Termination: _____
Update: _____
Start Date: _____
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Parent: _____

Child: _____

Site: _____

6. PLEASE INDICATE THE AMOUNT YOU OR ANYONE IN YOUR HOUSEHOLD ARE RECEIVING FOR ANY OF THE FOLLOWING BENEFITS:

Alimony	\$
Child Support	\$
Unemployment	\$
Workers Compensation	\$
School Grant	\$
Social Security	\$
Other	\$

If you are a single parent and do not receive child support, you must provide proof. (See 2.C. on page 1.)

7. Do **YOU** attend school or training? Yes No If so, provide copy of **class schedule**.
 Name of School: _____ Phone#: _____
 Address of School: _____ City/ZIP: _____
 Days of participation: _____ Hours of participations: _____

8. Does **YOUR SPOUSE/OTHER ADULT IN HOUSEHOLD** attend school or training? Yes No
 Name of School: _____ Phone#: _____
 Address of School: _____ City/ZIP: _____
 Days of participation: _____ Hours of participations: _____

9. I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that the information I provided will be used to determine eligibility and that I may be required to document the accuracy of the information. The information is subject to external verification and may be released for such purposes. I am also aware that I am subject to immediate termination from the scholarship program if information is found to be incorrect.

Parent's Signature: _____ Date: _____

FOR PARKS & RECREATION DEPARTMENT STAFF USE ONLY:	Approved#: _____ Denied #: _____
	Comments: _____ _____ _____ _____
	Employee's Signature: _____ Approval Date: _____
	Name of Parent Notified: _____ Date: _____
	Notified by (Site Supervisor): _____

**FOR PARKS & RECREATION DEPARTMENT
STAFF USE ONLY:**