



United Way of Bucks County Pre-K Scholarship Application 2023-24 for Military Families

Thanks to local generous donors, United Way of Bucks County is able to provide pre-k scholarships to families who are serving or have served in the U.S. Military. Below is the information you need to apply for a UW Bucks pre-k scholarship (for military families only).

Eligibility Criteria

- **Child's Age:** The child must be 3 to 4 years old by August 31, 2023
- **Residency:** The family must live in Bucks County
- **Family Income:** May not exceed \$105,183 plus \$18,514 for each dependent (as defined by the IRS)
- **Military Status:** One of the child's parents must be on Active Duty, Reserve or Guard Forces, or a Veteran/Retiree

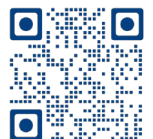
UW Bucks may establish additional criteria for prioritizing scholarship recipients. For example, priority may be given to families experiencing financial crises, children with special needs, homeless children, foster children, etc.

How to Apply

1. Complete page 1 and 2 of the United Way of Bucks County Pre-K Scholarship Application.
2. Make copies of the following supporting documents:
 - Child's birth certificate
 - Proof of residency: residential lease or mortgage coupon plus a utility bill, insurance card, or other document with the parent's current address
 - The first 2 pages of the 2022 tax return (IRS Form 1040, 1040A, or 1040EZ) for all adults living in the household. If the child is not claimed by one of the adults living in the household, the first 2 pages of the return on which the child is claimed must also be submitted.
 - Verification of the parent's military status, such as a copy of DD Form 214, DD Form 256, NGB Form 22, or Military or Veteran ID card.
3. Have the director of the pre-k program where you would like to use the scholarship complete page 3 of your UW Bucks scholarship application. Pre-k programs must meet the following criteria:
 - Located in Bucks County
 - Participates in the Keystone STARS program (STAR 3 or 4 programs preferred)
 - In good quality standing with no negative sanctions or unresolved compliance issues
 - Willing to partner with United Way of Bucks County to provide the scholarship

Please Note: The participating programs will require additional information in order to complete the enrollment process. This will include the child's updated physical exam and immunization records.

For more information visit www.uwbucks.org/get-help-prek-military-scholarship or scan the QR code, or contact Kristi Moreno, United Way of Bucks County at 215-949-1660, ext. 108 or kristim@uwbucks.org.





United Way of Bucks County Pre-K Scholarship Application 2023-24 (Military)

1. Child Information

Please print clearly.

Child's Name _____ Date of Birth ____/____/____

Address _____ Apt. _____

City _____ State: PA Zip Code _____

Male ___ Female ___ Ethnicity (Check One): ___ Non-Hispanic ___ Hispanic ___ Other _____

Race (Check One): ___ African American ___ Caucasian ___ Asian ___ American Indian
___ Native Hawaiian ___ Multi-Racial ___ Other _____

Child's Primary Language _____ Language(s) spoken at home _____

Does the child have any special needs? ___ No ___ Yes (please specify): _____

If yes, does the child have an Individualized Education Plan (IEP)? ___ Yes ___ No

2. Parent/Guardian Information

1st Parent/Guardian Name _____ Relationship to Child _____

Address _____ Apt. _____

City _____ State: PA Zip Code _____

Phone Number _____ Email Address _____

Employment Status (Check all that apply): ___ Full time ___ Part time ___ Unemployed
___ In school/training program Military Service: ___ Active ___ Reserve ___ Veteran

2nd Parent/Guardian Name _____ Relationship to Child _____

Address _____ Apt. _____

City _____ State: PA Zip Code _____

Phone Number _____ Email Address _____

Employment Status (Check all that apply): ___ Full time ___ Part time ___ Unemployed
___ In school/training program Military Service: ___ Active ___ Reserve ___ Veteran

3. Family Income Information

1st Parent/Guardian Annual Income: _____ 2nd Parent/Guardian Annual Income: _____

Additional Income (if applicable): _____ Total Household Annual Income: _____

Number of adults living in the home: _____ ages of the adults: _____

Number of children living in the home: _____ ages of the children: _____

4. Additional Child and Family Information

Please check the situations experienced recently by the child, the child's parent(s), or the child's sibling(s):

<input type="checkbox"/> home eviction or foreclosure	<input type="checkbox"/> foster care or kinship care	<input type="checkbox"/> single parent household
<input type="checkbox"/> living with another family	<input type="checkbox"/> Child Protective Services	<input type="checkbox"/> custody/child support issues
<input type="checkbox"/> homelessness	<input type="checkbox"/> unemployment	<input type="checkbox"/> medical disability
<input type="checkbox"/> bankruptcy	<input type="checkbox"/> incarceration	<input type="checkbox"/> domestic violence/abuse
<input type="checkbox"/> unexpected medical, legal, or other major expense	<input type="checkbox"/> extended hospitalization or inpatient care	<input type="checkbox"/> death of the child's parent(s) or sibling(s)

5. Release of Information

Please acknowledge your understanding of the expectations relating to privacy, confidentiality, and the release of information by putting your initials next to each statement:

As stewards of individual, community, and government contributions, United Way of Bucks County may be asked to report on the pre-k scholarships that are awarded. It may be necessary for UW Bucks to report student demographic information, assessment data, and other information related to the students' participation in the pre-k program. **UW Bucks is committed to respecting the privacy of the children and families who receive our pre-k scholarships.** When necessary, we will report or publish group data without names or identifying details. For the purposes of reporting to funders, we may ask a family to share their story without using names or identifying details. In those cases, we will contact parents/caregivers directly.

The information provided in this application will be held in strict confidence. It will be reviewed only by UW Bucks, scholarship administrators, and the program in which the child is enrolled. If the information needs to be shared with any additional parties, UW Bucks will request consent from the parents/guardians before doing so.

UW Bucks occasionally uses program photos to help raise awareness and/or money to support early childhood education. Children and family names are never included with the photos. **Do you authorize the use of photographs in which your child may appear for promotional purposes?** Yes No

6. Parent/Guardian Signature

- I certify that the information in this application is true and correct and that all income reported and income documents provided are a true and accurate verification of my annual household income.
- I understand that intentionally misrepresenting information may result in the scholarship being denied or terminated.
- I understand that scholarship funding will be provided for the 2023-24 school year, and only 1) if my child is enrolled in a participating pre-k program, and 2) if I stay current on the tuition balance. Any unused portion of the scholarship award must be refunded to United Way of Bucks County.
- I understand that UW Bucks should be notified about changes to my child's enrollment or regular schedule.
- I understand that the scholarships are awarded based on criteria that is prioritized by United Way of Bucks County and the participating pre-k programs.
- I agree to release United Way of Bucks County, and its Board of Officers and Directors and employees or partners, from any liability in its efforts to provide scholarship funding which is renewable annually at the sole discretion of United Way of Bucks County.

Parent Signature _____ Date _____

7. Scholarship Request Information

FOR PARENTS/GUARDIANS: Please complete this section to show the schedule and time period for which you are requesting a scholarship. For assistance, please contact the director of your preferred program/location.

Schedule & Cost: Put a check on the days/times you need care for your child.

5 Full-Days/Week
 4 Full-Days/Week
 3 Full-Days/Week
 2 Full-Days/Week
 1 Full-Day/Week
 5 Half-Days/Week
 4 Half-Days/Week
 3 Half-Days/Week
 2 Half-Days/Week
 1 Half-Day/Week
 Other _____ **Cost: \$** _____ per week

From _____ / _____ **To** _____ / _____
 month year month year Number of Weeks _____

How much is your family able to pay for child care/education for the child on this application? \$ _____/week

Preferred Program/Location: _____

For which other sources of financial assistance have you applied (check all that apply)?

Head Start
 Child Care Works
 Pre-K Counts
 other _____

Do you expect to enroll your child in Head Start, Child Care Works, or Pre-K Counts? Yes No

If yes, what is the projected start date? _____ Location _____

If no, please explain why these programs are not options for your child: _____

Briefly describe the financial challenges your family is experiencing. Have there been issues which have recently caused hardship for your family? Is there anything else we should know about your family or your child?

FOR PROGRAM DIRECTOR/STAFF ONLY

Calculation: Financial Assistance Needed

\$ _____ minus \$ _____ = \$ _____ X _____ = \$ _____
 Cost of care Amount family Amount family Number Total Amount
 per week can pay per week needs per week of weeks Family Needs

Approximately what amount can your program discount for this family? \$ _____
 Scholarship Amount Requested: \$ _____

Is there anything else we should know about this family or child? _____
