

SACC Scholarship Application

1. Applicant Name & Information

*If you are a foster care family please fill out the foster care application form. Pg 4

First Name	Last Name		Middle Initial
Address		City	State Zip Code
Home/Cell Phone		Work Phone	
E-Mail Address			
Have you ever requested or received child care assistance before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when?		Where? (City, State)	
If yes, what kind of care (SNAP, TANF, Best Beginnings) _____			

2. Who is the Financially Responsible Party?

This is the applicant requesting assistance and will need to show <u>proof of identity</u> and <u>proof of residence</u> . (i.e. Driver's License, State ID Card, Passport & Power Bill, Lease, or Mortgage Agreement)				
LAST NAME		FIRST NAME		M.I.
OTHER NAMES YOU MIGHT BE KNOWN AS OR HAVE USED			E-MAIL ADDRESS	
ADDRESS (PHYSICAL)				
CITY	STATE	ZIP CODE	COUNTY	
ADDRESS (MAILING; IF DIFFERENT)				
CITY	STATE	ZIP CODE	COUNTY	
PRIMARY PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OTHER			SECONDARY PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OTHER	
_____			_____	

4. Earned Income

List all **EARNED** income received by you, the applicant and all members of your family.

* Include proof of earned income:

1. ATTACH LAST THREE MONTHS OF PAYCHECK STUBS

or

2. ATTACH LAST YEARS TAX RETURNS

Name; of individual earning income	Source of Income; Including Employer Name	Gross Monthly Amount (before deductions)

5. UNEARNED INCOME

List all **UNEARNED** income received by you, the applicant and all members of your family.

*Examples of unearned income to include:

1. Child Support 2. Unemployment Insurance 3. Insurance Benefits

4. Veteran's Benefits 5. Social Security 6. SSI

7. Student Loans 8. Interest/Dividends 9. Tribal Payments

Name; of individual earning income	Source of Income	Gross Monthly Amount (before deductions)

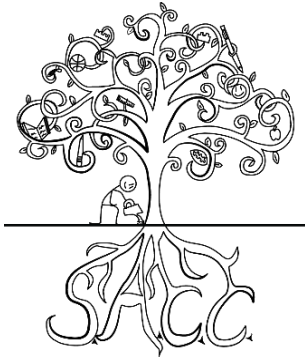
6. Authorization and Confirmation

By signing below you, the applicant, confirm that all above and attached information is accurate. This authorizes the SACC Director to review the application in order to establish whether you are eligible for the reduced fees. Please return finished and signed form to Kirstan Roush by email at kroush@helenaschools.org or send/drop off to the May Butler Center at 55 S Rodney St. Helena, MT 59601.

Printed Name

Signature

Date



SACC Scholarship Application

Foster Family Application

1. Applicant Name and Information

First Name	Last Name		Middle Initial
Address		City	State Zip Code
Home/Cell Phone		Work Phone	
E-Mail Address			

2. Foster Care Information

How long has the child been in your care?	Is the biological parent involved with child? (i.e. can they pick up child)			
Have you notified your case worker that you will be utilizing our program for care? Will the case worker need to come and get the child for visits at times?	Notification		Visits	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Foster Child(ren) Information

Name (First, Middle Initial, Last)	Birthdate
Name (First, Middle Initial, Last)	Birthdate
Name (First, Middle Initial, Last)	Birthdate
Name (First, Middle Initial, Last)	Birthdate

Please sign below confirming all above information. Please also attach a letter from your case worker stating you are the foster parent of the child(ren) you are signing up for care.

Please return finished and signed form to Kirstan Roush by email at kroush@helenaschools.org or send/drop off to the May Butler Center at 55 S Rodney St. Helena, MT 59601.

Signature

Date