



## TIPS Application

### 2014-2015

Statement of Purpose: The purpose of TIPS is to provide partial financial assistance to those parents/guardians who are pursuing financial stability through higher education and/or full-time work. Scholarships may only be used for child care; payments are made directly to the child care provider. Parents/guardians may reapply every six months as long as the qualifying criteria continue to be met.

Criteria:

1. Attend school and/or be employed
2. Have demonstrated financial need
3. Have been denied assistance through WV DHHR ie. Link Child Care Resource and Referral
4. Have children enrolled in Enterprise and/or one of River Valley Child Development Services' School Age Connections

### Applicant information

Full Name:

*Last*

*First*

*M.I.*

Address:

*Street Address*

*Apartment/Unit #*

Home Phone:

\_( )

Alternate/Cell:

\_( )

Email Address:

Birth Date:

Gender:

☐ Male

☐ Female

Marital Status:

☐ Single

☐ Married

☐ Divorced

☐ Legally Separated

☐ Widowed

Ethnicity: (check all that apply)

☐ African-American

☐ American Indian/Alaskan Native

☐ Asian/Pacific Islander

☐ Caucasian

☐ Hispanic

☐ Other

Have you previously applied for TIPS?

☐ Yes

☐ No

## Child Care Needs

Please list the names of children needing child care

1. Child's Name:	Age:	Birth Date:	Gender:	Site Enrolled In:	Estimated # of days/week:
2. Child's Name:	Age:	Birth Date:	Gender:	Site Enrolled In:	Estimated # of days/week:
3. Child's Name:	Age:	Birth Date:	Gender:	Site Enrolled In:	Estimated # of days/week:
4. Child's Name:	Age:	Birth Date:	Gender:	Site Enrolled In:	Estimated # of days/week:

With this application you must include a denial letter from Link Child Care Resource and Referral stating that you are ineligible for child care subsidy.

I understand that I am responsible for payment of any and all child care used during the time my scholarship application is being reviewed and up until the effective date that will be stated in the letter I receive if my application is approved.

I understand if I am awarded a scholarship it is only valid for six (6) months or until it is exhausted. I may reapply every six (6) months.

I understand that if my portion of the child care/tuition /bill is not paid weekly, my scholarship will be voided.

I understand that I *must* be able to pay a minimum of \$15.00 per day to be considered for a scholarship for Enterprise.\*  
(minimum of \$4.00 per day for School Age Connections)

I hereby affirm my application for child care assistance is accurate and correct.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### SUBMIT APPLICATION TO:

River Valley Child Development Services  
611 7th Avenue, Suite 300  
Huntington, WV 25701

### Please Note:

- ✓ You will be notified, *by mail*, of the scholarship committee's decision.
- ✓ All information submitted with this application will be kept confidential.