



# TIPS Application

## 2016-17

**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)**

|   |   |
|---|---|
| <input type="checkbox"/> African-American       | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Caucasian                      |
| <input type="checkbox"/> Hispanic               | <input type="checkbox"/> 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. I may reapply every six (6) months if I have fulfilled my terms of the scholarship.

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

I understand that my scholarship will be for \$25/week, if my child attends 5 days/week or \$5.00/day. If there is a change in my child's enrollment, it can affect the scholarship amount.

I understand that I am responsible for the balance of my child's tuition that is not covered by the scholarship.

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.