



# Burlington First Steps Scholarship Application

## Child Information

Last Name

First Name

Date of Birth  
(expected)

Street Address

Apartment

City

State

Zip Code

Child is a  
Burlington  
Resident

Primary Language

Is child currently  
enrolled in child  
care?

If yes, program  
name and  
location:

---

## Parent/Guardian Information

### Parent/Guardian #1

Last Name

First Name

Street Address

Apartment

City

State

Zip Code

Date of Birth

Home Phone

Work Phone

Cell Phone

Preferred  
phone to  
contact you?

Primary Language

Relation to Child

### Parent/Guardian #2

Last Name

First Name

Street Address

Apartment

City

State

Zip Code

Date of Birth

Home Phone

Work Phone

Cell Phone

Preferred phone  
to contact you?

Primary Language

Relationship to  
Child

## Need for Care

Reason child care services are needed (check all that apply):

Employment

Self-employment

Seeking Employment

Training/Education

Special Health Need - Parent

Special Health Need - Child (including physical and mental health)

Family Support (extreme stress your family is experiencing in areas such as homelessness, safety, emotional stability, substance abuse, and children's behaviors)

Reach Up Case Worker:

Location you prefer for a child care program (not guaranteed)? Example: North End/South End, North/South Burlington

## Household Information

Is your household:

Single-parent household

Two-parent household

Other

Do you:

Own

Rent

Live with relatives

Live with someone else

Other

Other Children in Household

Please list by Last Name/First Name/Date of Birth

Other Child #1

Other Child #2

Other Child #3

Other Child #4

Other Child #5

**Household Income**

You will be asked to supply written evidence to verify income. Examples may include:

- Two current, consecutive pay stubs
- A copy of last year’s tax return for self-employment
- A statement from your employer for new employment
- A copy of your court order for child support

**Earned Income received by adult members of household.**

**Earned Income #1**

Name of Individual  
earning income

Source of Income  
(include employer  
name or self-  
employed)

Gross monthly  
amount (before  
deductions)

**Earned Income #2**

Name of Individual  
earning income

Source of income  
(include employer  
name or self-  
employed)

Gross monthly  
amount (before  
deductions)

**Earned Income #3**

Name of Individual  
earning income

Source of income  
(include employer  
name or self-  
employed)

Gross monthly  
amount (before  
deductions)

**Unearned Income received by adult members of household.**

**Examples include: Child support, Insurance benefits, SSI, Unemployment Insurance, Veteran's benefits**

**Unearned Income #1**

Name of individual  
earning income

Source of income

Gross monthly  
amount (before  
deductions)

**Unearned Income #2**

Name of individual  
earning income

Source of income

Gross monthly  
amount (before  
deductions)

**Unearned Income #3**

Name of individual  
earning income

Source of income

Gross monthly  
amount (before  
deductions)

**Child support paid out for children NOT LIVING in the home. Please list by:**

**-Name of individual being paid**

**-Gross monthly amount**

Child Support #1:

Child Support #2:

I give permission for the enrollment specialists to exchange information required to determine my/our eligibility for an ELI First Steps Scholarship with (please check boxes below that apply):

City of Burlington

Chittenden Economic Development Office

Let's Grow Kids

Child Care Resource

Other (list all applicable agencies):

Signature:

Date: