

Salem Child Development Center Charlotte Mair Memorial Scholarship

Application Checklist

1. Are you fully enrolled in an SCDC program?

To qualify for this scholarship, children must be enrolled in an SCDC program at the time application is submitted.

2. Are you submitting your application on time?

_____ **Fall Term** (September-December) – *Application due August 1*
_____ **Winter Term** (January-May) – *Application due December 1*
_____ **Summer Term** (June-August) – *Application due May 1*

3. Have you included/completed the following?

- ☐ **One month proof of income** (Please include documentation for all sources).
- ☐ **Complete monthly budget information**
- ☐ **Statement of Need**
- ☐ **Financial Improvement Plan** (Please include with, or in addition to, your letter of need).
- ☐ **Signature?** (Please sign your application on the final page).

Helpful tips:

- *Apply as early as possible. This allows time to correct an incomplete application.*
- *The committee uses what you provide in your application to make its decision. Too much information is better than too little information.*
- *If you have questions please contact SCDC's Executive Director, Carolin VanOrden, at 503-363-9821 or carolin@salemchild.org.*

Salem Child Development Center

Charlotte Mair Memorial Scholarship Application

SECTION 1: Scholarship Purpose, Eligibility and Selection Criteria

Purpose of Charlotte Mair Memorial Scholarship: To offer **short term tuition assistance** to enable a child or children in a family with temporary financial need to continue participating in the quality care provided in SCDC programs.

Scholarship Details: Scholarships are awarded each term (fall, spring, summer) for up to 50% of the monthly tuition for children attending SCDC programs. The SCDC scholarship committee, comprised of the Executive Director and at least two current members of the SCDC Board of Directors, reviews scholarship applications and selects recipients based on information provided in the application form. Scholarships are awarded at the sole discretion of the scholarship committee.

Scholarship Eligibility: This scholarship provides short term tuition assistance for households with a child or children currently enrolled in an SCDC program. The assistance is intended to help households get through a financial hardship caused by unanticipated circumstances. Applicants must demonstrate a need for financial support to keep child(ren) in SCDC program(s) by describing the situation creating financial hardship and providing information about current income, expenses and resources. In addition, applicants are required to describe household plans for achieving financial stability and how the scholarship will support those plans.

Selection Criteria: Complete applications demonstrating financial need will be considered and scholarships awarded based on the level of need. The scholarship committee reserves the right to reject any applications failing to meet eligibility requirements, that are incomplete, submitted late or contain insufficient information to establish the household requesting the scholarship meets the scholarship criteria.

SECTION 2. Contact for Application

Please contact information for the best person to call if there are questions about this application.

Name: _____

Phone Number: (please provide all that apply and check the best number to reach you)

_____ Cell: _____

_____ Home: _____

_____ Work: _____

Best email address (if applicable): _____

SECTION 3. Scholarship Term, Application Deadline, and Requested Amount

What term are you applying for? Please check one.

*(Please note, applications must be **received** by SCDC staff on or before the due date.)*

_____ **Fall Term** (September-December) – *Application due August 1*

_____ **Winter Term** (January-May) – *Application due December 1*

_____ **Summer Term** (June-August) – *Application due May 1*

What is your scholarship request? (Amount you need per month to keep child(ren) in SCDC Program).

\$ _____ per month

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SECTION 4: Enrollment at SCDC

To qualify for the tuition assistance provided by the Charlotte Mair Memorial Scholarship, child(ren) must be currently enrolled in an SCDC Program.

Please list child(ren) and the site they are attending or are enrolled to attend.

	Name of Child	Site Attending or Enrolled to Attend
1		
2		
3		
4		

SECTION 5. Household Information

1. Address for Household Requesting Scholarship

Address: _____

City _____ Zip code _____

2. Please list the name, age and relationship of ALL persons living in your household.

(Please parents, guardians, children in SCDC care, other children living in the household, and other adults living in the household such as relatives or roommates.)

	Name	Age	Relationship to Child(ren) in SCDC care
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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SECTION 6. Scholarship Application History

Please check all that apply and provide dates.

☐ This is the first time I/we have applied for the SCDC memorial scholarship.

☐ I/we have applied for and received scholarship.

☐ I/we applied for the scholarship but did not receive it.

	Year	Term
1		
2		
3		
4		

	Year	Term
1		
2		

SECTION 7: Monthly Household Income

Please list all sources of money used to support your household.

(Use the table below as a guide or create your list. Please list all resources available to you for paying household expenses, including childcare. If a source of income does not apply to your household, put N/A in the amount column).

Source of Income	Name of Income Recipient (if applicable)	Amount
Wages after taxes and deductions		
Wages after taxes and deductions		
Wages after taxes and deductions		
Unemployment Benefits		
Unemployment Benefits		
Social Security Benefits		
Child Support	(please list total amount received for all children)	
Academic Financial Aid		
DHS Child Care Assistance		
SNAP Benefits		
Section 8 Housing Assistance		
Energy or other Utility Assistance		
Other Regular Income (please identify source)	-----	-----
1. _____		
2. _____		
3. _____		
Total Household Income		

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SECTION 8: Proof of Income

Please provide proof of the sources of household income by attaching copies of documents to your application. The following list suggests possible documentation.

- Net Wages for one month – pay stubs (make sure you provide a full month of income)
- Unemployment Benefits – benefit letter
- Academic Financial Aid – letter awarding financial aid and describing disbursement schedule
- SNAP Benefits - benefit letter
- Section 8 Housing – benefit letter
- Proof of child support – judgement, parenting plan, or benefit letter
- Social Security Benefits – check stub or benefit letter

Section 9: Monthly Expenses

Please list your household's monthly expenses.

(Use the table below as a guide or create your own separate list. The goal is to list your regular monthly household expenses to the best of your ability and identify your debt. As with the income table, this table may list types of expenses that don't apply to your household. The examples are provided to help you think of expenses you may have overlooked.)

Expense	Amount Per Month	Amount Owed if Past Due
Housing: Rent, Mortgage Payment, Temporary Housing Cost, Cleaning Supplies, Regular Home Maintenance Expenses		
Food: Groceries, Eating Out, Drinks and Snacks		
Car: Gas, Car Payment		
Childcare: expected total cost of childcare, paid to SCDC and other providers (if applicable), without scholarship assistance		
Clothing & Personal Care: Clothes, Shoes, Toiletries, Hair Cuts		
Standard Utilities: Electricity, Water, Gas, Heating Oil		
Other Utilities: Phone(s), Cable, Internet, Streaming Services		
Tuition: Lessons (music, karate, swimming, dance, gymnastics, etc), Technical Training, Apprenticeship Costs, College Tuition, etc.		
Insurance: Home, Life, Car, other		
Regular Medical Costs: Insurance (medical, dental and eyecare), Monthly Prescriptions, Average Monthly Co-Pays		
Major Medical Costs: Bills or Expenses from a major medical event (or events) that you owe.		
Other Debt Payments: Credit Card(s), Home Equity Loan, Student Loans, etc.		
Other Regular Expenses: please list below		
1.		
2.		
3.		
Total Monthly Household Expenses		

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Section 10: Other Resources

Please list other resources available to you for paying expenses or reducing monthly debt payments. List the type of resource, the amount and whether you can access the funds within 30 days.

Type of Resource	Balance	Accessible in less than 30 days?
Checking Account(s)		
Bank Savings Account(s)		
Money Market Investments		
Retirement Accounts (IRA, 401K, PERS)		
Other _____		

Section 11: Statement of Need

Please explain, in your own words, the circumstances creating your household's need for this scholarship, why you are eligible for the scholarship and steps your household is taking to become financially stable.

The purpose of the Charlotte Mair Memorial Scholarship is to offer **short term assistance** so that a child or children in a family with temporary or unexpected financial need can continue to receive the quality care provided in the SCDC programs. In order to determine a household's eligibility, the SCDC Scholarship Committee needs to understand your situation.

Please be as clear as possible. Feel free to write your statement in an outline, use bullet points or a letter if it helps you clearly express your story. *(Instructions continued on next page).*

Please cover the following topics in your statement of need:

- Reasons why your household is dealing with financial hardship
 - for example: job loss or reduction in hours, medical event, death in the family, injury preventing work, house fire, flood or other disaster, divorce or separation
- Any transitions your household is facing or going through
 - Transitions include some of the events listed above and things like changing jobs, going back to school, and leaving a difficult and/or unsafe situation.
 - What is the transition?
 - When did it start and when will it end?
 - What will your household's situation be when it ends? Better? Worse?
- Any other reason your household needs the scholarship to maintain enrollment at SCDC.
- How continuing care at SCDC will benefit your child or children.
- If your total monthly income from Section 5 is more than your total monthly expenses from Section 6, a clear explanation of why you are not able to afford full SCDC tuition.
- An explanation of how you are working to improve your household's monthly financial situation. What steps are you taking? How will you continue to pay tuition when the temporary scholarship ends?

You may use the space on the next two pages to provide your statement of need or provide a separate document. ***Your application, which includes this statement, are considered confidential information and will only be shared with members of the Scholarship Committee.***

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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please sign below to indicate the information you provided in this application is true and accurate to the best of your knowledge.

date