



Tribal Youth Services
 PO Box 1090
 Nome, Alaska 99762

Phone (907) 443-2246
 Fax (907) 443-9144



Nome Eskimo Community

**Child Care Development Fund/Johnson O'Malley
 PRESCHOOL VOUCHER & SCHOLARSHIP APPLICATION**

The Nome Eskimo Community (NEC) provides scholarships to the Nome Pre-school Association on behalf of children who are enrolled their program through Child Care Development Fund and Johnson O'Malley funding.

Eligibility Criteria

1) All NEC tribal members are eligible to apply 2) Child is eligible for enrollment or in the process of becoming enrolled. (Please submit a copy of Tribal Enrollment Application) 3) Child is enrolled in Nome Pre-School

Application Requirements (Applicants Must Submit the Following Documents)

All applicants are required to provide income information regardless of how much they make.

- 1) Parent/guardian(s) last (2) pay stubs and other income related receipts such as proof of payment of child support, etc
- 2) If a parent is enrolled in educational program, please submit proof of enrollment
 - ◇ Educational Program – classes conducted by local Community Education Program that includes: high school, life skills, job readiness classes or GED program.

How Income Will Be Used to Determine the Scholarship Amount

The amount of the NEC Preschool Voucher and Scholarship is **based on income**. However, you may be surprised to know that you may qualify for a larger scholarship than you expected after deductions are made. Families are encouraged to supply the requested income information because:

- **ALL** applicants will receive an automatic deduction (30% of total income) for fuel, energy, and basic living expenses.
- After the deduction has been made, NEC will determine eligibility using 85% of the remainder of the applicants Gross Monthly Income (see income chart)
- All parents will be required to pay a co-payment. Payment will be determined based on parent/guardian income
 - ◇ Scholarships will be determined at 70%, 80%, or 90% of the Pre-School rate
- Parents who are employed or enrolled in an Educational Program and who utilize Nome Preschool as part of their child care may be eligible for a higher scholarship amount

TRIBAL YOUTH SERVICES

Katie O'Connor
 Tribal Youth Specialist
 (907) 443-9122
 Fax: (907) 443-9144
koconnor@gci.net

Date of Application: _____

Child's Name: _____

Birth date: ____/____/____ Age: _____

This child is a: NEC Tribal Member Eligible to become a Tribal Member

This child will be in the: 3 Year Old Class 4 Year Old Class

Who does this child live with? Mother Father Both Grand Parent(s) Other

How much of the time does this child live with them (percentage)? (weekends only, weekdays, summers only, joint custody, etc.) For example: *Mother & Father and 50%/50%*

| | | | | | |
|---------------------|--|---------------------|--|-----------------------|--|
| Mother Name: | | Father Name: | | Guardian Name: | |
| Tribe: | | Tribe: | | Tribe: | |
| PO Box: | | PO Box: | | PO Box: | |
| Home Phone: | | Home Phone: | | Home Phone: | |
| Work Phone: | | Work Phone: | | Work Phone: | |
| Cell Phone: | | Cell Phone: | | Cell Phone: | |
| Email Address: | | Email Address: | | Email Address: | |
| Employer: | | Employer: | | Employer: | |

Please list all people currently living permanently in the home where child resides: **Total #** _____

| Full Legal Name | Relationship | Age | Monthly Income (MUST PROVIDE) | Work/School Schedule |
|-----------------|--------------|-----|----------------------------------|-------------------------|
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All information is confidential. By signing below you understand that NEC will not pay for the full cost of your child's tuition. NEC staff will notify you of the amount you are responsible for. **Please provide income verification requested on the next two pages and attach copies of your last 2 pay stubs.**

Signature of Parent/Guardian

Date

Tribal Services Staff Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **Nome Eskimo Community (NEC) Tribal Services Program** to obtain information from the following, but not limited to: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the NEC Tribal Services Program to provide services according to my child's Pre-School scholarship & voucher application. I understand that copies of this authorization will be valid for one year after the signature date.

Printed Name

Social Security Number

Signature

Date

(Must be signed by parent/guardian even if they are unemployed)

EMPLOYMENT & INCOME VERIFICATION

The above named individual has applied for services through the Nome Eskimo Community Tribal Services Program. Please provide the following information for verification:

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Applicant's Job Title: _____

Date of Hire: _____ Date of first check: _____ Amount of first check: _____

Hourly Salary: _____ Hours Per Week: _____ Pay Schedule: _____

Annual Gross Income: _____ Annual Net Income: _____

Monthly Gross Income: _____ Monthly Net Income: _____

Please Complete and Return to:

NOME ESKIMO COMMUNITY

PO Box 1090

Nome, AK 99762

Phone: (907) 443-2246

Fax: (907) 443-9144

Please indicate applicant's employment status:

Temporary – Full-time through (date): _____ Temporary – Part-time through (date)

Seasonal through (date): _____ Regular – Full-time Regular – Part-time

Other: _____

Please describe the applicant's work schedule: _____

Has the employee been terminated? Yes No If yes, give reason: _____

Has the employee received their final paycheck? Yes No

Total NET income received from their final paycheck: \$ _____ Date of Final Pay: _____

Signature of Supervisor or Employer

Date

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Date

RECORD OF INCOME & RESOURCES

All the information requested on this form is for the month you submit this application. It is your responsibility to notify the Tribal Services office of any changes in your case after you submit your application. Any questions should be directed to the Tribal Services staff.

List each household member's information for earned or unearned income received this month.

| Source of Income | Gross Amount (before taxes) | Net Amount (after taxes) | Payment Schedule |
|-----------------------------------|--------------------------------|-----------------------------|------------------|
| APA – Adult Public Assistance | | | |
| ATAP or TANF | | | |
| Bingo or Pull Tab Winnings | | | |
| Child Support | | | |
| Disability Insurance | | | |
| Food Stamps | | | |
| Pension or Retirement | | | |
| Social Security | | | |
| Unemployment Insurance Benefits | | | |
| Salary, Wages, Earned Income | | | |
| Tax Refund | | | |
| Other: | | | |
| Allowable Deductions | | | |
| Federal, State, Local, FICA Taxes | | | |
| Health Insurance | | | |
| Child Care paid in order to work | | | |
| Child Support Payments | | | |
| Other: | | | |
| Other: | | | |
| Other: | | | |
| TOTAL MONTHLY INCOME | | | |

Return this application to Nome Eskimo Community, 200 West 5th Avenue, 1st floor.
Contact Tribal Youth Services Department for more information.