

# Scholarship Application/Family Profile



LASER is committed to making our programs affordable. We realize there may be circumstances where payment of the entire fee is a hardship. We strive to make our programs available to as many children as possible, given our available and limited resources.

To assist families in need, we have the following requirements:

1. A one-time registration fee of \$100 is required for each child. (In extreme circumstances, a reduction of the fee may be possible.)
2. Families who meet established income qualifications are eligible for up to a 50% scholarship for program fees and summer camp fees.
3. Payment plans are available, and must be worked out in advance of the program with the Executive Director. All payment plans must be approved by the Executive Director and payments must be kept up-to-date.
4. Scholarships are given on the basis of eligibility and the availability of funds. No scholarships are guaranteed. New applications are required for EACH school year and summer for which you are seeking assistance.
5. You must apply to DSHS and City of Seattle for Child Care Assistance before LASER will grant a scholarship.

## **Scholarship Application Procedures**

1. Fill out and submit an application form to the LASER Executive Director.
2. Along with your application, provide a complete copy of last year's tax return (all Schedules) OR the last two months of current employment pay stubs. (*Your application cannot be processed without this documentation.*)
3. Your application will be reviewed and your finances compared to standard income guidelines.
4. Submit proof of application (and proof of denial or wait list status) from DSHS and City of Seattle.
5. You will be notified of a determination within 7 business days from the date LASER receives your completed application (including documentation of your tax return/income).



## Scholarship Information (Resources)

### **Department of Social and Health Services (DSHS)**

Contact Information—you may apply over the phone or online:

Website: [www.dshs.wa.gov](http://www.dshs.wa.gov)

Customer Service Call Center: 1-877-501-2233

### **City of Seattle – Human Services Dept. Child Care Assistance Program**

City of Seattle Human Services Department  
Child Care Assistance Program  
700 5th Avenue, Suite 5800  
PO Box 34215  
Seattle, WA 98124-4215

206-386-1050

Email: [comprehensivechildcare@seattle.gov](mailto:comprehensivechildcare@seattle.gov)

Website:

[http://www.seattle.gov/humanservices/children\\_families/childcare/payment\\_assistance.htm](http://www.seattle.gov/humanservices/children_families/childcare/payment_assistance.htm)

Eligibility screenings are **only** available by calling the Seattle Human Services Department's Child Care Assistance office at 206-386-1050.

For services in other languages, call:

Mienh — 206-684-0605

Spanish — 206-386-1012

Tagalog — 206-386-1011

TDD — 206-233-2778

Interpretive services can be arranged for other languages.



## Scholarship Application/Family Profile

Childcare Program (check one): Laurelhurst LASER: \_\_\_\_\_ Bryant LASER: \_\_\_\_\_ Summer Camp: \_\_\_\_\_

Household Information: Two parents or guardians: \_\_\_\_\_ Single parent or guardian: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ S.S # \_ \_ - \_ - \_ \_ \_ \_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ S.S # \_ \_ - \_ - \_ \_ \_ \_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Total annual income for household: \$ \_\_\_\_\_ (required)

**Important: As proof of income you must provide a complete copy of last year's tax return (all Schedules) or the last two months of current employment pay stubs.**

List the names and ages of ALL children in your family (attach additional page if needed):

Name	Birth Date	Age	Name	Birth Date	Age
_____	____/____/____	____	_____	____/____/____	____
_____	____/____/____	____	_____	____/____/____	____
_____	____/____/____	____	_____	____/____/____	____

Which, if any, of the following do you currently receive?

- \_\_\_\_\_ Temporary Assistance to Needy Families (TANF)
- \_\_\_\_\_ Free of reduced school lunches – Card Number \_\_\_\_\_
- \_\_\_\_\_ Subsidized Housing
- \_\_\_\_\_ Food Stamps
- \_\_\_\_\_ Social Security Supplemental Security Income
- \_\_\_\_\_ Disability Lifeline (Washington State)
- \_\_\_\_\_ State Family Assistance (SFA)
- \_\_\_\_\_ General Assistance
- \_\_\_\_\_ Other (e.g., unemployment, disability, etc.): Please explain in detail: \_\_\_\_\_

\_\_\_\_\_

## Scholarship Application/Family Profile

**The following questions are optional.** The answers provide a more complete picture of your family so that we may better meet your child care needs.

Parents' marital status: Married: \_\_\_\_\_ Unmarried: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_

Number of persons employed in the household: \_\_\_\_\_

#1 Parent/Guardian: Highest level of education completed: \_\_\_\_\_ Age \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed? \_\_\_\_\_

#2 Parent/Guardian: Highest level of education completed: \_\_\_\_\_ Age \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed? \_\_\_\_\_

Is there any other information you would like to share regarding your situation? (*Attach additional pages if needed.*)

---

---

---

*Scholarship applications are reviewed upon receipt of this application and all required forms and documents (the "completed application"). You will be notified of a determination within 7 business days from the date LASER receives your completed application. If your income or household size changes, you must promptly report such changes as they occur, as it may affect your eligibility. Scholarships apply **ONLY** to the school year or summer being requested. You must reapply for a new scholarship for each school year and summer requested.*

I have read and understand the above. I understand that all participants in LASER programs must pay a one-time registration fee of \$100. A deposit is also required at registration for: (1) one month of care (for school-age before/after school care); or (2) one week of care (summer camp). I understand my deposit will be prorated if I receive a scholarship.

I understand a maximum scholarship discount of 50% may be applied to LASER programs. In unusual circumstances, additional discounts may be available based upon a review of income statements and information provided to the LASER Board.

I have read the above and verify that all information is true and correct. If a scholarship is granted or pending, I will promptly report to LASER any changes in my financial status.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

### **For Office Use Only:**

\_\_\_\_\_ **Approved** for \_\_\_\_\_% of  After-School Program  Summer Camp (*check all that apply*)

\_\_\_\_\_ **Denied** Denial Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_, **Executive Director**

Approval Date: \_\_\_\_\_