

## Application for Kids Connection Scholarship

Thank you for your interest in the Johnston Community School District's Kids Connection School-Age Child Care Program. To apply for the Kids Connection Child Care Assistance, please fill out this application as soon as possible, sign it and return it to: Johnston Community School District, **Attention:** Kids Connection, P.O. Box 10, Johnston, IA 50131 or email it to [dross@johnston.k12.ia.us](mailto:dross@johnston.k12.ia.us).

Please answer all of the questions on the form. An application that does not contain complete information on household members and income cannot be used by the school. If information is missing, you will be denied care assistance. Call the Community Education Office at 252-8490, if you need help with the form.

Confidentiality: The information you provide will be treated confidentially and will be used only for eligibility determinations and verifications of data. The information you provide to us must be known to all concerned individuals you listed.

Complete Application: For an application to be complete, you must provide: a copy of your last two pay stubs, the total household income and type of income received by each household member. The social security number may be used to identify you for verifying the information you report on this application. Verification may include audits, investigations, contacting the State Employment Security Office, Food Stamp or Welfare Office, and employers; and checking the written information provided by the household to confirm the information received. A loss of benefits may occur if incorrect information is discovered.

Reporting Changes: If your child is approved for child-care assistance, you must tell the KTC Office when your household income increases by more than \$50 per month (\$600 per year), or when your household size decreases, 252-8490.

Please keep in mind the following:

1. You will be responsible for paying for the Registration Fee.
2. You will be responsible for the additional fee for Adventureland and T-Shirt/Swim shirt Fee. (Summer Only)

You may apply for assistance at any time during the school year and/or summer. If you are not eligible now, but have a decrease in your household income or have an increase in your family size, fill out an application at that time.

## Application for Kids Connection Scholarship

To apply for assistance for your child carefully complete, sign and return this application to: Johnston Community School District, KTC Scholarship, 6600 NW 62<sup>nd</sup> Ave., P.O. Box 10, Johnston, Iowa 50131. If you need help with this form, please call us during our office hours of 7:45 am-4:15 pm, Monday-Friday at 252-8490.

| Name of child<br>(Last name, First name) | School<br>Attending | Grade | Check if<br>foster child | AFDC/FIP<br>Number<br>(If applicable) | Food Stamp Number<br>(If applicable) |
|--|---------------------|-------|--------------------------|---------------------------------------|--------------------------------------|
|  |                     |       |                          |                                       |                                      |
|  |                     |       |                          |                                       |                                      |
|  |                     |       |                          |                                       |                                      |
|  |                     |       |                          |                                       |                                      |

**Household Members:** List the names of everyone living in your household. If you need more space, use a separate sheet of paper. You MUST complete the following information and sign the application or your application cannot be approved.

**Social Security Number:** Print the social security number of each adult age 21 or older. If an adult does not have a social security number, print "none" next to their name.

**Income:** List all income received last month on the same line with the person who received it. You must list gross income BEFORE deductions for taxes, social security, etc. List each amount under the correct title and list total monthly income.

| Name<br>(Last, First) | Age | Social Security<br>Number | Monthly<br>Earnings from<br>Work<br>(Before<br>Deductions) | Monthly<br>Welfare<br>Payments,<br>Child Support,<br>Alimony | Monthly<br>Payments<br>From<br>Pensions,<br>Retirements or<br>Social Security | All other Income<br>received Last Month |
|-----------------------|-----|---------------------------|--|--|---|---|
|                       |     |                           |  |  |   |   |
|                       |     |                           |  |  |   |   |
|                       |     |                           |  |  |   |   |
|                       |     |                           |  |  |   |   |
|                       |     |                           |  |  |   |   |
|                       |     |                           |  |  |   |   |

**Penalties for Misrepresentation:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Kids Connection School-Age Child Care Assistance; that school officials may verify the information on the application; and that deliberate misrepresentation of the information is just cause for denial of assistance. An adult must sign the application before it can be approved.

\_\_\_\_\_  
**Printed name of applicant**

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

\_\_\_\_\_  
**Social Security number**

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

\_\_\_\_\_  
**Home phone number**

\_\_\_\_\_  
**Work phone number**

## **Kids Connection Scholarship Checklist**

- 1. Copy of last two pay stubs.** \_\_\_\_\_
  
- 2. The total dollar amount of household income and type of income received by each household member.** \_\_\_\_\_
  
- 3. Food Stamp Number (if applicable).** \_\_\_\_\_
  
- 4. Names of all household members.** \_\_\_\_\_
  
- 5. Social security numbers of all household members 21 years of age or older (or state that a household member does not have one).** \_\_\_\_\_
  
- 6. Signature of an adult household member.** \_\_\_\_\_

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**All scholarship applicants are responsible for paying for the following:**

- 1. Registration Fee**
  
- 2. Adventureland Trip Fee. (Summer only)**
  
- 3. T-Shirt/Swim Shirt Fee. (Summer only)**