

CAP CARE:
CARES Scholarship

Purpose: CAP CARE believes that all families should have access to safe, quality, affordable childcare, regardless of financial status. CAP CARE will attempt to provide opportunities for persons with financial hardship, due to situations such as being laid off work, family emergencies, or other circumstances beyond your control.

Eligibility: Applicants must already be enrolled in CAP CARE and complete a scholarship application form. The applicant is determined to be eligible for financial assistance if the household income is at or between the annual or monthly amounts on the table below and receiving assistance from two of the following services, CART, WI Shares, and Cambridge Food Pantry, or if other individual circumstances are approved by the CAP Executive Director and CAP CARE Director of Childcare operations. Verification of income may be requested.

Household income:

Household Income Scale

Household Size	Annual Income Level (at or below)	Monthly Income Level (at or below)
1	23,606	1,967
2	\$31,894	2,657
3	\$40,182	3,328
4	\$48,470	4,039
5	\$56,758	4,729
6	\$65,046	5,420
7	\$73,334	6,111
8	\$81,622	6,801
For each additional Household Member, add:	+\$8,288	690

Policy: The maximum funding per child per year is \$300.00 with a maximum per household of \$900. All persons living at the same address, who are directly related, are legal dependents of the applicants, or are foster children, define a household. If additional funding is needed beyond what the CAP CARE can provide applicants will be directed to a community service club or will have the option to set up a payment plan with the CAP.

Application Guidelines: Application form must be updated every 12 months. All information on the application must be true and accurate – all information will be kept confidential. Scholarships are legally recoverable if paid and awarded on the basis of false information supplied by the applicant and will nullify your request for future scholarships. All applicants are treated equal – no applicant will be discriminated because of age, race, color, sex, national origin, or disability.

Cambridge CAP
Scholarship Program – Application Form

Name of Applicant: _____

Name of Parents/Guardians: _____

Email Address: _____

Address: _____

Home Phone: _____ Work Phone: _____

Do your children receive reduced or free school lunches? Reduced Free None

Are you receiving assistance from CART WI Shares Food Pantry

List all household Members:

First and Last Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employer: _____

Employer Phone Number: _____

Employer of Spouse: _____

Employer Phone Number: _____

Yearly Household Income _____

Current Monthly Income due to current circumstances (*you may be asked to provide a copy of your last two paystubs*) _____

My signature on this form indicates that all of the above information is true and accurate.

Applicants Signature _____ Date _____

Office use only: Date Application Received _____ Received By _____ Scholarship Approval _____ Comments _____ _____
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