

## Work & Education Support for Transitioning Families

### (WEST-Fam) Scholarship

#### Scholarship Information and Requirements

Thanks to multiple donors, Renaissance West Community Initiative (RWCI) is proud to offer the Work & Education Support for Transitioning Families (WEST-Fam) Scholarship to families living at Renaissance and Little Rock Apartments so that their children (ages 6 weeks – 5 years) are able to attend our high quality child development center. The WEST-Fam Scholarship aims to support parents and caregivers transitioning back into the workforce by providing a subsidy for their young children to attend the Howard Levine Child Development Center (HLCDC).

#### Eligibility to Apply

- **Residence:**
  - Caregiver and child must reside at The Residences at Renaissance or Little Rock Apartments
  - Applicant or child must be a legal resident of the US
- **Income:**
  - Family gross income (the single or combined heads of household) must not exceed 200% of federal poverty level

*Maximum Eligible Family Gross Income by Family Size*

Family Size	1	2	3	4	5
Gross Monthly Income	\$2,147	\$2,903	\$3,660	\$4,417	\$5,173
Family Size	6	7	8	9	10
Gross Monthly Income	\$5,930	\$6,687	\$7,443	\$8,200	\$8,957

- **Voucher / Subsidy Requirements**
  - Eligible Parent /RAs must apply for CCRI voucher within 10 days of the child enrolling at HLCDC and provide proof of application

Once your completed application with accompanying documents are received, you will receive a letter confirming that you have been added to the waitlist OR that you are not eligible for the scholarship. After that, you will remain on the waitlist until a space becomes available. Scholarships are limited based on available funding, and availability of space in the center based on your child's age.

To help you understand the requirements for keeping the scholarship after awarded, they are outlined below:

- **Work / Education Requirements**

- Primary Parents/RA's residing in the home must be gainfully employed and maintain employment of an average of thirty (30) hours each week and provide official verification (check stubs) on a quarterly basis; OR
- Primary Parents/RA's residing in the home must be enrolled and attend school at least twenty (20) hours a week (16 hours for high school completion courses) and must provide official verification, grades, and course schedule each grading period; OR
- Primary Parents/RA's residing in the home must be working and in school a combination of at least 30 hours per week and must provide check stubs and enrollment verification; AND
- Because the WEST-Fam Scholarship supports parents transitioning back into the workforce or school, conditions that prevent scholarship recipients from maintaining employment or enrollment in school (e.g., injuries, pregnancy, illness) may result in temporary or permanent loss of scholarship. These will be reviewed by RWCI on a case by case basis; AND
- All parents/RA's enrolled in high school completion or GED classes should plan to complete them within a reasonable timeframe approved by a RWCI staff; AND
- Parents/RA's unable to meet the work/education requirement due to lack of childcare must have proof of school/workforce training enrollment OR employment no more than twelve (12) weeks following the child(ren)'s start date at HLCDC; AND
- Because the WEST-Fam Scholarship supports parents transitioning back into the workforce or school, conditions that prevent scholarship recipients from maintaining employment or enrollment in school (e.g., injuries, pregnancy, illness) may result in temporary or permanent loss of scholarship. These will be reviewed by RWCI on a case by case basis

- **Copayments**

- All scholarship recipients are required to make a copayment at a rate determined by RWCI
- Payment schedules are to be determined by Parent/RA and HLCDC finance manager in

accordance with Dixon Academy payment options

- After one missed payments, Parent/RA will be issued a scholarship probation notice and given one week to meet with Dixon Academy staff to create a payment plan. Noncompliance with the payment plan will result in immediate termination of the scholarship
  - Once terminated, parent/RA will still be responsible for any missed payments up to the termination date indicated by Dixon Academy
- Parents/RAs experiencing financial hardships are encouraged to notify RWCI and the Dixon Academy of the issue as soon as possible
- Copayment rates average from 8-12% of parent/RA's reported net income per child, not to exceed 10% of the family's gross income
  - Consideration may be given on a case by case basis
  - Copayments will increase annually
  - RWCI shall notify Parent/RA of new copay no less than 30 days prior to the first increased payment

- **Enrollment and Attendance**

- Parent/RA must meeting with HLCDC Director (or HLCDC designee) for enrollment orientation prior to the child(ren)'s first day
- Child(ren) cannot have more than 5 unexcused absences, and cannot miss more than 10 days in a calendar month. Children in violation of the attendance policy will receive a probation notice and given 30 days to comply with the probation requirements.
- Because HLCDC is a full-day, year-round center, you are responsible for payments even if you keep your child home. Keeping children home will not waive or reduce your copay because your enrollment reserves the space for the child and cannot be filled by another child unless you withdraw (see withdrawal sections for more details)
- Some children may require additional screenings / services Dixon Academy cannot provide and are necessary for the development and safety of your child and/or other children in the center. Scholarship recipients are required to comply with recommendations for additional services or risk being terminated from the program

- **Engagement and Behavior**

- Parents/RAs must meet with RWCI Life Navigator (LN) regularly (to be determined by LN) to set goals for education and employment
- Parent/RAs must comply with the HLCDC's Code of Conduct. Violation of the Code of Conduct will result in immediate termination of the WEST-Fam Scholarship at the sole

discretion of RWCI

- o Parent/RAs must comply with the HLCDC's policies and procedures. Violations may result in immediate termination of the WEST-Fam Scholarship at the sole discretion of RWCI

If a parent/RA fails to meet and report the requirements as outlined above, he/she will have up to 30 days from probation notice to comply with eligibility requirements OR determine through Dixon Academy staff whether their child(ren) can continue enrollment at HLCDC without the scholarship

- **Withdrawal**

- o Two weeks' notice is required for withdrawal from HLCDC. Both HLCDC staff and RWCI scholarship administrator must be notified of intent to withdraw
- o Parents/RAs are still responsible for copays cover the cost of the two week notice period even if children are not attending

- **Re-applying**

- o Following voluntary withdrawal or termination, you may be eligible to re-apply for the scholarship or enrollment. If approved, any previous balance owed must be paid prior to re-enrollment.



Work & Education Support for Transitioning  
Families (WEST-Fam) Scholarship  
APPLICATION

*Contact Information (please print clearly)*

Parent/Caregiver Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Co-Parent/Co-Applicant Name: \_\_\_\_\_

**To complete the application you MUST provide the information listed below** for all household members. This includes you, and your spouse or your child's other parent living in your household. Please check off each item you have to ensure you meet RWCI requirements.

All documents can be turned in to RWCI staff or the HLCDC Director. Questions contact Leroy Wray 704-989-5685 to schedule an appointment.

☐ Proof of identity (i.e. driver's license, birth certificate, government issued identification)

☐ Proof of address (i.e. utility bill, lease)

☐ Birth Certificate for each child for whom you are seeking a scholarship

☐ Gross Monthly Income Verification:

- Most recent eight (8) weeks of consecutive pay stubs (8 weekly, 4 bi-weekly); OR
- Most recent income tax forms; OR
- Employer verification letter on employer letterhead

☐ Proof of child support cooperation or payment

☐ Proof of all other income

☐ Proof of enrollment in education program

- Most recent term enrollment verification



**Complete the following questions about your current employment, education, and household status**

**Employment Status:** (circle one) *Documentation Required*

Applicant:	Full Time	Part Time	Unemployed	Has Disability
Co-applicant (if applicable):	Full Time	Part Time	Unemployed	Has Disability

How many hours do you work per week? \_\_\_\_\_ Co-applicant hours per week: \_\_\_\_\_

Please provide any information about your employment status you would like to share (ex., starting new job next week): \_\_\_\_\_

How long have you been with your current employer? \_\_\_\_\_

What is your hourly rate? \_\_\_\_\_ Co-applicant hourly rate: \_\_\_\_\_

**Education Status:**

Are you currently a student? (circle one) *Documentation required*

Applicant:	Full Time	Part Time	N/A
Co-applicant (if applicable):	Full Time	Part Time	N/A

What is the highest level of education you have completed?

Less than High School Diploma	High School Diploma/GED	Some College
Associates/Technical Degree	Bachelor's	Graduate

**Household Information:**

How many adults over age 18 live in your household? \_\_\_\_\_

How many children under age 18 live in your household? \_\_\_\_\_

How many children in K-8 grade live in your household? \_\_\_\_\_

Do any of your school age children attend Renaissance West STEAM Academy?      Yes      No

What is the gross monthly income for your household (including all sources of income)? \$ \_\_\_\_\_

Do you have an RWCI Case Manager, Care Coordinator, or Life Navigator?      Yes      No

If yes, who is it? \_\_\_\_\_ If no, are you willing to have one? Yes      No



Please complete the following information for all children in your household that you plan to send to the Howard Levine Child Development Center (print please)

Child 1 Information			
Child 1	Name (First Middle Last):		Gender: Female Male
	Date of Birth (DOB): MM/DD/YYYY		
	Other parent or guardian name:	Are you the legal primary caregiver of this child? Yes No	What is the child's relationship to you?
	1. Is this child receiving Supplemental Security Income (SSI)? Yes No		
	2. Does this child have any special needs? Yes No Specify if yes:		
	3. Does this child have an IEP or ISFP? Yes No		
	4. Do you receive child support for this child? Yes No		
	5. Have you applied for child support for this child? Yes No		
	7. Is this child already enrolled in childcare or an early learning center? Yes No If yes, where?		
	8. Have you applied for a Child Care Resources voucher or subsidy? Yes No If yes, what is your status for receiving a voucher? Not eligible Waitlisted I have a full voucher I have a partial voucher		
9. Are you seeking a scholarship for this child? Yes No			

Child 2 Information			
Child 2	Name (First Middle Last):		Gender: Female Male
	Date of Birth (DOB): MM/DD/YYYY		
	Other parent or guardian name:	Are you the legal primary caregiver of this child? Yes No	What is the child's relationship to you?
	1. Is this child receiving Supplemental Security Income (SSI)? Yes No		
	2. Does this child have any special needs? Yes No Specify if yes:		
	3. Does this child have an IEP or ISFP? Yes No		
	4. Do you receive child support for this child? Yes No		
	5. Have you applied for child support for this child? Yes No		
	7. Is this child already enrolled in childcare or an early learning center? Yes No If yes, where?		
	8. Have you applied for a Child Care Resources voucher or subsidy? Yes No If yes, what is your status for receiving a voucher? Not eligible Waitlisted I have a full voucher I have a partial voucher		
9. Are you seeking a scholarship for this child? Yes No			

If you do not have any other children enrolling at HLCDC, please continue to last page



Please complete the following information for all children in your household that you plan to send to the Howard Levine Child Development Center (print please)

Child 3 Information				
Child 3	Name (First Middle Last):		Gender: Female Male	Date of Birth (DOB): MM/DD/YYYY
	Other parent or guardian name:	Are you the legal primary caregiver of this child? Yes No	What is the child's relationship to you?	
	1. Is this child receiving Supplemental Security Income (SSI)? Yes No			
	2. Does this child have any special needs? Yes No Specify if yes:			
	3. Does this child have an IEP or ISFP? Yes No			
	4. Do you receive child support for this child? Yes No			
	5. Have you applied for child support for this child? Yes No			
	7. Is this child already enrolled in childcare or an early learning center? Yes No If yes, where?			
	8. Have you applied for a Child Care Resources voucher or subsidy? Yes No If yes, what is your status for receiving a voucher? Not eligible Waitlisted I have a full voucher I have a partial voucher			
9. Are you seeking a scholarship for this child? Yes No				
Child 4 Information				
Child 4	Name (First Middle Last):		Gender: Female Male	Date of Birth (DOB): MM/DD/YYYY
	Other parent or guardian name:	Are you the legal primary caregiver of this child? Yes No	What is the child's relationship to you?	
	1. Is this child receiving Supplemental Security Income (SSI)? Yes No			
	2. Does this child have any special needs? Yes No Specify if yes:			
	3. Does this child have an IEP or ISFP? Yes No			
	4. Do you receive child support for this child? Yes No			
	5. Have you applied for child support for this child? Yes No			
	7. Is this child already enrolled in childcare or an early learning center? Yes No If yes, where?			
	8. Have you applied for a Child Care Resources voucher or subsidy? Yes No If yes, what is your status for receiving a voucher? Not eligible Waitlisted I have a full voucher I have a partial voucher			
9. Are you seeking a scholarship for this child? Yes No				

If you do not have any other children enrolling at HLCDC, please continue to last page





Please complete the following information for all children in your household that you plan to send to the Howard Levine Child Development Center (print please)

Child 5 Information			
Child 5	Name (First Middle Last):		Gender: Female    Male
	Date of Birth (DOB): MM/DD/YYYY		
	Other parent or guardian name:	Are you the legal primary caregiver of this child?    Yes    No	What is the child's relationship to you?
	1. Is this child receiving Supplemental Security Income (SSI)?    Yes    No		
	2. Does this child have any special needs?    Yes    No <i>Specify if yes:</i>		
	3. Does this child have an IEP or ISFP?    Yes    No		
	4. Do you receive child support for this child?    Yes    No		
	5. Have you applied for child support for this child?    Yes    No		
	7. Is this child already enrolled in childcare or an early learning center?    Yes    No    If yes, where?		
	8. Have you applied for a Child Care Resources voucher or subsidy?    Yes    No If yes, what is your status for receiving a voucher? Not eligible    Waitlisted    I have a full voucher    I have a partial voucher		
9. Are you seeking a scholarship for this child?    Yes    No			
Child 6 Information			
Child 6	Name (First Middle Last):		Gender: Female    Male
	Date of Birth (DOB): MM/DD/YYYY		
	Other parent or guardian name:	Are you the legal primary caregiver of this child?    Yes    No	What is the child's relationship to you?
	1. Is this child receiving Supplemental Security Income (SSI)?    Yes    No		
	2. Does this child have any special needs?    Yes    No <i>Specify if yes:</i>		
	3. Does this child have an IEP or ISFP?    Yes    No		
	4. Do you receive child support for this child?    Yes    No		
	5. Have you applied for child support for this child?    Yes    No		
	7. Is this child already enrolled in childcare or an early learning center?    Yes    No    If yes, where?		
	8. Have you applied for a Child Care Resources voucher or subsidy?    Yes    No If yes, what is your status for receiving a voucher? Not eligible    Waitlisted    I have a full voucher    I have a partial voucher		
9. Are you seeking a scholarship for this child?    Yes    No			

If you do not have any other children enrolling at HLCDC, please continue to next page



Please complete the following short answer questions

1. How will the WEST-Fam Scholarship help you transition back to work and/or school or maintain employment?

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2. Why is it important for your child to attend the Howard Levine Child Development Center?

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By signing here I certify all the above information is accurate

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date