

Early Education Scholarship Program Application

Coverage Period: October 1, 2008 – March 31, 2009 (#08-2)

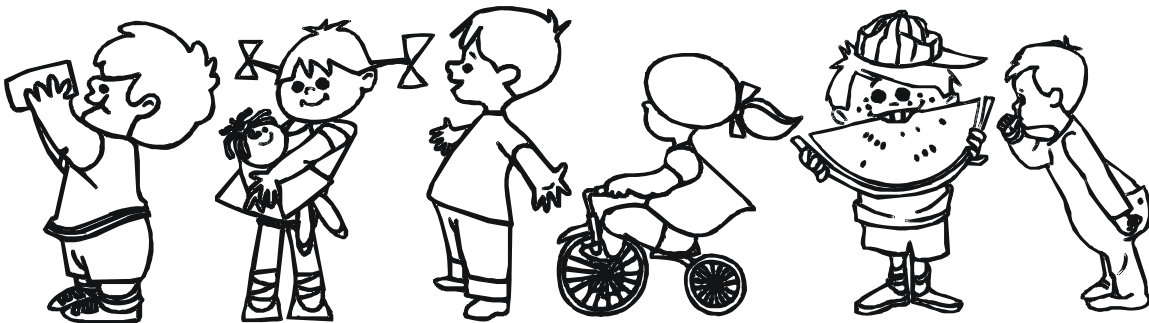
Due date: August 15, 2008

(Applications received after the deadline will be denied)

Non-Refundable PROCESSING FEE required with this application.
Make check payable to UNITY HOUSE, INC.

Please **READ** and **FOLLOW** instructions carefully!

DO NOT forward any part of this application to the school



MAIN OFFICE:

1701 Ala Wai Blvd.

Honolulu, Hawaii 96815

Ph: (808) 945-0050

Fax: (808) 944-0056

Toll Free: 1-(877) 748-6489

Program Department Email: maillist@unityhousehawaii.org

WEBSITE:

www.unityhousehawaii.org

Another program of UNITY HOUSE, INC.

INSTRUCTIONS for NEW Applicants

Please READ & KEEP for future reference!

Please Print Clearly or Type. ONLY OFFICIAL APPLICATIONS WILL BE ACCEPTED (either originals such as this one or those printed via the Unity House website) - PLEASE DO NOT RETURN APPLICATIONS VIA FAX MACHINE. Applications may be mailed or dropped off in person, no later than **August 15, 2008 (must also be postmarked by this date):**

UNITY HOUSE, INC.

Attn: Early Education Scholarship Program or EESP
1701 Ala Wai Blvd. • Honolulu, HI 96815

*****Unity House is not responsible for lost or misdirected mail, or late applications postmarked after the above deadline date. It is the responsibility of the applicant to follow-up with Unity House regarding the receipt of the application and all other requirements.**

PLEASE NOTE: Your child must be enrolled and attending the Group Child Care Facility during the program period.

Applications will be processed with the following requirements:

Completed & Returned by the PARENT/GUARDIAN by August 15, 2008

- An official **APPLICATION FORM** - Must be signed and dated by applicant (union member and/or parents).
- Non-refundable **APPLICATION PROCESSING FEE – \$15.00 for NEW Applicants (\$5.00 discount if downloaded from our website) and \$10 for ALL RENEWAL Applicants.** Please make check payable to: "UNITY HOUSE, INC." Checks returned due to insufficient funds will be assessed a Unity House service charge of \$25.00 per check.
- A copy of the child's **BIRTH CERTIFICATE** must be attached to this application - (*NEW applicants only*).
- A **PHOTO, no larger than 3" x 5"** (*NEW applicants only; Optional if Renewing*)

UNITY HOUSE will contact each FACILITY for the following items:

- Completed **Group Child Care Facility Verification Form:** To confirm that the Facility is licensed and/or certified as required by the State of Hawaii or the state in which the Facility is located in.
- Completed **Child Enrollment Verification Form:** The "Group Child Care Facility" listed on your application will be contacted to verify your child's enrollment during the period of **October 1, 2008 – March 31, 2009.**
- Each Facility is required to provide us with a copy of their current **CERTIFICATE OF APPROVAL** (operating license). **Consideration of your application is contingent upon the return of these documents from the school.**

PAYMENT INFORMATION

Early Education Scholarship payments in the amount of \$600.00 (*\$100 per month for 6 months enrollment*) will be mailed directly to the Group Child Care Facility, normally one (1) week prior to the beginning of the coverage period. The Center will credit \$100.00 per month towards your monthly payments as long as your child is enrolled during the 6-month period.

IMPORTANT: Changes/Revisions during the coverage period

Please inform UNITY HOUSE if your child withdraws from enrollment. Awards that have been provided to the school for your child, must be returned to Unity House for the remaining period. Failure to do so shall automatically terminate the award, and any costs and expenses (including attorney's fees) incurred by Unity House in the recovery of monies, shall be paid by the applicant. In addition, any change or revision will require 3-4 weeks of re-evaluation and processing.

Unity House, Inc.
Application for the Early Education Scholarship Program

Coverage Period: October 1, 2008 – March 31, 2009

Due Date: August 15, 2008

(Applications received after the due date will be DENIED)

For Office Use Only: PLEASE DO NOT WRITE IN THIS SPACE

Status: New Renew BC PTO Signed B/D _____ WEB

Remarks _____ Fee \$ _____ Cash Check # _____

***CHILD'S INFORMATION**

LAST NAME: _____ (Optional) SS#: _____

First Name: _____

Middle Name: _____ Sex: Male Female

Child lives with (name & relationship): _____

***Qualification:** Child must be enrolled in a licensed Group Child Care Facility only, during the program period. Enrollment into "Kindergarten", "A+" or "Drop In Centers" are NOT eligible.

Has this child ever received CHILD CARE ASSISTANCE from *Unity House*? YES – What Year: _____ NO

If YES, rate this program on a scale of 1 through 5 (1=Low; 5=High) _____

APPLICANT (Beneficiary Status) *Must be completed!

Last Name: _____ (Required) SS#: _____

First Name: _____ Middle Name: _____

Address: _____ Home Telephone: _____

City/State/ZIP: _____ Other Phone: _____

Employer: _____ Dept. _____ Status: Full-time Part-time Retired

Relation to Child: Father Mother Grandparent Legal Guardian

I have been a member of one of the following unions since (date): _____

Please check one: Unity House, Inc. UNITE H.E.R.E., Local 5 Hawaii Teamsters, Local 996 Friend of Labor

***FAMILY INFORMATION**

Circle One: ***Father/Step-Father/Male Guardian*** ***Mother/Step-Mother/Female Guardian***

Name: _____

(Required) SS#: _____

Address: _____

City/ST/Zip: _____

Phone: Home _____ Work _____ Home _____ Work _____

Employer: _____

Address/Phone: _____

Position: _____

Work Status: Full-time Part-time Full-time Part-time

Parents are: Married Divorced Separated Deceased Single

Household Income: Under \$18,000 \$18,001-\$30,000 \$30,001-\$50,000 \$50,001-\$60,000 \$60,001 or above

Ethnic Background: Hawaiian Japanese Filipino Chinese Korean Portuguese

Caucasian Other _____

***All correspondence will be mailed directly to the care of the child's parents; unless otherwise notified in writing.**

*** GROUP CHILD CARE FACILITY**

- In order to participate in the Unity House Early Education Scholarship Program, the child must be enrolled in a licensed group child care facility, as defined by the State of Hawaii, according to the Hawaii Revised Statutes, Chapter 346, the applicable Hawaii Administrative Rules or the state in which the facility is located in and acceptable under Unity House’s guidelines.

School Name: _____

Address: _____ City/ZIP: _____

Contact/Title: _____ Phone: _____

Monthly Tuition Cost: \$_____ Are you receiving any other assistance: Y N Amount: \$_____

*** SPECIAL CIRCUMSTANCES**

Should there be any exceptions to the requirements listed, **explain below:** *(Use an additional sheet of paper if needed)*

My child will withdraw from pre-school prior to **March 31, 2009**. His/her enrollment will end on

(Date): _____ Reason: _____

- I (We) have read and fully understand all instructions and requirements *listed on pages 1 to 4* of this application, and certify that the information I have provided is true to the best of my knowledge. I (We) agree to provide additional information in support of my application upon the request of Unity House. Any falsification of information will disqualify me from applying for this benefit.
- I (We) understand that this application is for the current period ONLY, and will not be automatically extended into the next period. FOR RENEWING: I am aware of the dates of the next enrollment period; should I fail to submit a renewal application at that time, I will not hold UNITY HOUSE or its employees responsible for my negligence and forfeiture of any assistance.
- I authorize the group child care facility listed on this application, to release to UNITY HOUSE, INC., of Honolulu, Hawaii, any information regarding the status of this applicant, as a registered student, during the October 1, 2008 thru March 31, 2009 period. This information is required to verify enrollment, so that we may qualify for an Early Education Scholarship from UNITY HOUSE, INC.
- I hereby consent that any photograph(s) or writing(s) and information, including personal, provided by me, and any other photographs in which my child appears, may be used by UNITY HOUSE, INC., its assigns or successors, in whatever way they desire, including publications, television, CD-ROM’s, and any other form for the storage, retrieval and reproduction of information and images; furthermore, I hereby consent that such information and photographs, and the plates and/or tapes from which they are made shall be their property, and they have the right to duplicate and reproduce and make other uses of such information, photographs and plates as they may desire free and clear of any and all claims whatsoever on my part, or any of my heirs, assigns and successors, and I specifically authorize such use with complete knowledge and understanding of my rights to privacy and my waiver of said rights.

*** Are you related to anyone currently employed by Unity House?** No Yes

If “Yes” - Name: _____ Relationship: _____

_____	_____
Applicant/Union Member – Signature (must be signed)	Date
_____	_____
Father /Step–Father/Legal Guardian (if different from “Applicant”)	Date
_____	_____
Mother /Step–Mother/Legal Guardian (if different from “Applicant”)	Date