

# ARIZONA EDUCATION WORKFORCE SCHOLARSHIP PROGRAM APPLICATION

Please complete all sections of this application. Missing or inaccurate information can delay eligibility decisions.

Submit completed application to: [dccchildcarespecialprograms@azdes.gov](mailto:dccchildcarespecialprograms@azdes.gov)

**\*Race:** **AI:** American Indian/Alaskan Native; **AS:** Asian; **BL:** Black or African American; **NH:** Native Hawaiian or Other Pacific Islander; **WH:** White

## YOUR INFORMATION

Your Legal Name (*First, MI, Last*): \_\_\_\_\_

Race\*: AI AS BL NH WH Hispanic? Yes No

Social Security No. (*optional*): \_\_\_\_\_ Date of Birth (*MM/DD/YYYY*): \_\_\_\_\_

Marital Status: Married Separated Divorced Widowed Never Been Married

Other Names Used by you (*e.g., Maiden, alias*): \_\_\_\_\_

Are you currently receiving child care services from DES Child Care? Yes No

If Yes, Please provide your Child Care Client ID Number: \_\_\_\_\_

## YOUR ADDRESS INFORMATION

I am enrolled in the Address Confidentiality Program

Applicant's Residential Address (*House No., Street, Apt./Space No., City, State, Zip Code*):

Applicant's Mailing Address (*House No., Street, Apt./Space No., City, State, Zip Code*):

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## YOUR REASONS FOR CHILD CARE SERVICES

Employment in Child Care Employment in Pre K-12 Education Other (*Describe*): \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

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

Do you have a **HOUSEHOLD** income of \$65,000 or less before taxes and other deductions? Yes No

## YOUR CHILD CARE PROVIDER INFORMATION (*IF KNOWN*)

Which Child Care Provider Have You Chosen?	Provider's Address & Phone Number ( <i>House No., Street, City, State, Zip Code; Phone #</i> )	Child(ren)

\*\*For assistance finding a child care provider contact Child Care Resource & Referral at [www.azccrr.com](http://www.azccrr.com) or 1-800-308-9000.\*\*

**CHILD'S INFORMATION**Child Name (*First, MI, Last Name*): \_\_\_\_\_

Race\*: AI AS BL NH WH Hispanic? Yes No

Social Security No. (*optional*): \_\_\_\_\_ Date of Birth (*MM/DD/YYYY*): \_\_\_\_\_

Is this child a U.S. Citizen or qualified immigrant? U.S. Citizen Qualified Immigrant

Are you the parent or guardian of this child? Yes No Does this child need Child Care? Yes No

Does this child have special needs? Yes No

**CHILD'S INFORMATION**Child Name (*First, MI, Last Name*): \_\_\_\_\_

Race\*: AI AS BL NH WH Hispanic? Yes No

Social Security No. (*optional*): \_\_\_\_\_ Date of Birth (*MM/DD/YYYY*): \_\_\_\_\_

Is this child a U.S. Citizen or qualified immigrant? U.S. Citizen Qualified Immigrant

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Race\*: AI AS BL NH WH Hispanic? Yes No

Social Security No. (*optional*): \_\_\_\_\_ Date of Birth (*MM/DD/YYYY*): \_\_\_\_\_

Is this child a U.S. Citizen or qualified immigrant? U.S. Citizen Qualified Immigrant

Are you the parent or guardian of this child? Yes No Does this child need Child Care? Yes No

Does this child have special needs? Yes No

If you, your representative, or any household member hides or provides false information purposely to receive or continue to receive child care assistance that you are not entitled to, that person will be subject to:

- Criminal Prosecution
- Fines
- Imprisonment
- Other penalties provided for by State and Federal laws

If you knowingly break these rules and receive child care assistance you are not entitled to we will disqualify you from receiving services for:

- 12 months for the first violation
- 24 months for the second violation
- Permanently for the third violation

I understand that if I knowingly submit false information or conceal a material fact on the application I may be charged with **FRAUD** pursuant to A.R.S 13-2311, a class 5 felony. I understand that I will be responsible for all overpayments.

If you need assistance in locating a DES Child Care office in your area:

Please visit <https://des.az.gov>; or contact the DES Child Care Administration at 602-542-4248.

**AFFIDAVIT OF TRUTH:** I swear under penalty of perjury that statements on this form, information and documents provided by me, or on my behalf to DES are true and correct to the best of my knowledge, and that I have not withheld information. I understand that if I knowingly submit false information or conceal a material fact on the application, I may be charged with fraud pursuant to A.R.S.13-2311, a class 5 felony. I authorize DES to verify information through current or former employers, or other persons or institutions. I understand that I will be responsible for overpayments.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_