



# H.O.M.E.

HELPING OURSELVES MEANS EDUCATION

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January 5, 2010

Dear Students:

The **H.O.M.E.** Program at Eastern Washington University is a support service for non-traditional students, both men and women. The goal of H.O.M.E. is to assist non-traditional students in obtaining a quality education. We believe that higher education is the most positive, effective, and lasting means of achieving economic self-sufficiency. Finding and being able to afford quality childcare becomes a critical issue for parents attempting to earn a college degree. The H.O.M.E. Program is offering scholarships to help pay for childcare expenses. The number of scholarships awarded is based on the success of fund-raising efforts from the previous year. To be eligible, you must be enrolled full-time (12 credits) at Eastern for each quarter you are eligible for the scholarship, and your child[ren] must be registered in a licensed childcare service. Only one scholarship per family will be awarded, but both parents may apply.

Applicants must complete the entire attached scholarship application and submit **TWO** letters of recommendation. The application and letters of recommendation are central to evaluation criteria. Scholarship applicants for this award will be notified by late May 2010, whether or not they have received an award. Actual awards will be credited to student accounts in month year, after verifying quarter registration, enrollment in a minimum of 12 credits at EWU, receiving a thank you, and getting your photograph taken for future publicity purposes.

This \$900 scholarship will be for the 2010-2011 academic year (\$300 to be awarded each quarter pending fulfillment of winner's follow-up requirements.)

All materials must be received together in the H.O.M.E. Program office, Monroe Hall 207C, no later than **12 noon, Thursday, April 1, 2010** to be considered. If you have any questions please call the Women's & Gender Studies office at 509.359.2847. *Good Luck!*

In order to maintain the scholarship recipients are required to :

- **Attend the H.O.M.E. Scholarship fund-raiser tea.**
- **Get picture taken for childcare scholarship publicity purposes.**
- **Send a thank you and returned contract to H.O.M.E. for the scholarship.**
- **Attend Welcome Reception in Fall.**

Sincerely,

Carol Vines

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H.O.M.E. Advisor

Women's Studies Center Manager



# H.O.M.E. CHILDCARE SCHOLARSHIP APPLICATION

- Complete all questions on entire application [if non-applicable please write N/A - DO NOT leave blank.]
- **Attach two separate letters of recommendation** from individuals who are familiar with your abilities, circumstances, and potential for success in college. A professional (i.e. a professor or a supervisor) should write one of the letters. The other letter can be a personal reference who is a non-relative.
- Complete attached Income Verification Sheet
- Keep in mind that scholarship applications will be evaluated on the basis of need, obstacles or special circumstances, letters of recommendation, quality and clarity of application, and cumulative GPA.
- **COMPLETE APPLICATIONS MUST BE RECEIVED BY 12 NOON, THURSDAY, APRIL**

Applicant's Name: \_\_\_\_\_  
Last First MI

Student Identification Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Spouse/Live-in Partner: \_\_\_\_\_  
Last First MI

Current Address: \_\_\_\_\_  
Street Apt. City State Zip Code

Permanent Address  
if different from above: \_\_\_\_\_  
Street Apt. City State Zip Code

Current Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Name(s) and Birth date(s) of Child(ren):

Child's Name Age Date of Birth

Child's Name Age Date of Birth

### Childcare Provider Information:

Facility /Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

The H.O.M.E. scholarship selection committee has my permission to view my academic records at EWU **and** verify childcare use and expenses.

Signature of Applicant

Date





# H.O.M.E. CHILDCARE SCHOLARSHIP APPLICATION

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## **Obstacles, hardships or special circumstances:**

1. What obstacles, hardships or special circumstances have you experienced or are currently experiencing that have or had an impact on your ability to attend college? *Please include any information that may be pertinent to your application.*

2. How have you been able to overcome these obstacles?

3. If there is anything in this application that you think would mislead the evaluators regarding your situation please explain.



# H.O.M.E. CHILDCARE SCHOLARSHIP APPLICATION

## Income Verification Sheet

What is your average monthly income while you are attending school? \_\_\_\_\_

Number in household? \_\_\_\_\_

Are you working while also going to school? \_\_\_\_\_

If yes, how many hours per week? \_\_\_\_\_

Are you interning or doing practicum work while also going to school? \_\_\_\_\_

If yes, how many hours per week? \_\_\_\_\_ Is it paid? \_\_\_\_\_

***If you receive any of the following please fill out MONTHLY amount:***

Child support \_\_\_\_\_

TANF (DSHS) \_\_\_\_\_

Unemployment \_\_\_\_\_

Disability \_\_\_\_\_

Social Security Benefits \_\_\_\_\_

Income earned by your spouse/live-in partner \_\_\_\_\_

Other financial Income (Alimony, Gifts from Parents, etc.) \_\_\_\_\_

Do you expect our monthly income to be similar for the remaining months in this academic year? If NO, please note the changes you expect"

***If you are receiving Financial Aid please put the amount per QUARTER:***

After tuition is paid - Grants/Scholarships \_\_\_\_\_

After tuition is paid - Student Loans \_\_\_\_\_

Work Study Awarded \_\_\_\_\_

Do you expect your financial aid to be similar for the remaining quarters in this academic year? If NO, please note the changes you expect:

I certify that the information furnished on this form is true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_