

The Healthy Lakewood Foundation is partnering with the City of Lakewood’s Division of Early Childhood to provide financial assistance to families who have school aged children in childcare due to COVID-19.

Who qualifies? You must:

- ✓ Be a Lakewood resident
- ✓ Be working or in school (all adults in household, includes parents working from home)
- ✓ Have a child/children who would normally be in school (Kindergarten – Fifth Grade), but are currently a remote or e-learner
- ✓ Use a licensed Lakewood Child Care Center
- ✓ Have a gross income that is less than 400% of the Federal Poverty Level

Family Size	2020 Annual FPL	2020 Monthly FPL								
		50%	100%	156%	191%	200%	250%	306%	400%	
2	17,240	718	1,437	2,241	2,744	2,873	3,592	4,396	5,747	
3	21,720	905	1,810	2,824	3,457	3,620	4,525	5,539	7,240	
4	26,200	1,092	2,183	3,406	4,170	4,367	5,458	6,681	8,733	
5	30,680	1,278	2,557	3,988	4,883	5,113	6,392	7,823	10,227	

Along with a complete application, you must provide:

- 2 most recent paystubs for all adults in house
- 2019 Federal Tax Return (first two pages only)
- 2019 Lakewood Tax Return
- W-2s used to complete taxes

All documents may be emailed, mailed or faxed to:

Jessica Parker, Program Manager Lakewood Division of Early Childhood

12400 Madison Avenue, #102  
Lakewood, OH 44107

Fax: 216-521-1376

E-Mail: [Jessica.parker@lakewoodoh.net](mailto:Jessica.parker@lakewoodoh.net)

The City of Lakewood, Department of Human Services, provides a continuum of responsive programs and services that enhance and promote the health and well-being of individuals, families and the community.



**City of Lakewood  
Department of Human Services/Early Childhood  
Healthy Lakewood Foundation Scholarship Application**

**Jessica Parker  
Program Manager**

**Parent Information**

**Parent/Caretaker:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Child(ren) Requiring Service:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Marital Status:** Single\_\_\_ Married\_\_\_ Divorced\_\_\_  
Separated\_\_\_ Widowed\_\_\_

**Educational Level Completed:** \_\_\_\_\_

**Reason Child Care Needed:** \_\_\_\_\_ **Type of Care Preferred:** \_\_\_\_\_

<input type="checkbox"/> Caretaker attending school	<input type="checkbox"/> Center Based
<input type="checkbox"/> Caretaker in training program	<input type="checkbox"/> Day Care Home
<input type="checkbox"/> Caretaker employed	<input type="checkbox"/> Before/After School
<input type="checkbox"/> Short-term care needed	

**Additional Information** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12400 Madison Avenue**

**Lakewood, OH 44107 - 529-5018**

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**PARENT EMPLOYER/SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**SUPERVISOR/ADVISOR:** \_\_\_\_\_

**WORK/SCHOOL SCHEDULE:**

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
\_\_\_\_\_ **Monday** \_\_\_\_\_  
\_\_\_\_\_ **Tuesday** \_\_\_\_\_  
\_\_\_\_\_ **Wednesday** \_\_\_\_\_  
\_\_\_\_\_ **Thursday** \_\_\_\_\_  
\_\_\_\_\_ **Friday** \_\_\_\_\_  
\_\_\_\_\_ **Saturday** \_\_\_\_\_  
\_\_\_\_\_ **Sunday** \_\_\_\_\_

**If applicable, list employment/school information for any other adults in household.**

**ADULT #2 EMPLOYER/SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**SUPERVISOR/ADVISOR:** \_\_\_\_\_

**WORK/SCHOOL SCHEDULE:**

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
\_\_\_\_\_ **Monday** \_\_\_\_\_  
\_\_\_\_\_ **Tuesday** \_\_\_\_\_  
\_\_\_\_\_ **Wednesday** \_\_\_\_\_  
\_\_\_\_\_ **Thursday** \_\_\_\_\_  
\_\_\_\_\_ **Friday** \_\_\_\_\_  
\_\_\_\_\_ **Saturday** \_\_\_\_\_  
\_\_\_\_\_ **Sunday** \_\_\_\_\_



## APPLICATION FOR SCHOLARSHIP ASSISTANCE

### LIST ALL HOUSEHOLD MEMBERS

(Include Yourself and Child Listed Above)

	Name		Age	Soc. Sec. No.	Interest Dividend Inc., etc.	Total Earnings from work <u>before</u> Deductions	Monthly Income Soc. Sec./Pension Retirement	Unempl/ Workers Comp.	Welfare Child Sup. Alimony	Total
	Last	First								
MOTHER	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
FATHER	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
CHILD	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
OTHER	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Total Number of Household Members \_\_\_\_\_

Total Household Monthly Income \$ \_\_\_\_\_

Name

\_\_\_\_\_

Address

Apt.#

City

State

ZipCode

Home Telephone

Work Telephone

**SIGNATURE:**

I understand that all of the above information is correct and that all income is reported. I understand that this information is being given for the receipt of federal funds, that officials may verify the information on the application.

\_\_\_\_\_  
Signature of Parent or Adult Family Member

Date \_\_\_\_\_

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