

1435 Cliff Drive • Santa Barbara • California • 93109 • 805-965-4286 Caring for the people of Santa Barbara since 1963

Dear scholarship applicant,

The board of Directors of Cliff Drive Care Center has determined that all CDCC scholarships are awarded on a school year basis (September-August). Scholarship applications are due mid-August for the following year. In addition, through the generosity of the Daniel Fund of the Santa Barbara Foundation, Cliff Drive has been provided additional scholarships for the 2023-2024 school year.

Please fill out the attached scholarship application and return it to the director. In addition to your application the Board requires that you include a copy of page one of your most current Federal Tax form, three months of paystubs, and proof of your address (copy of a bill with your name and address). Applications will not be considered if this supplemental paperwork is not included. Please review the attached Scholarship Policy for the application guidelines.

All scholarship applications must be received no later thanAugust 15, 2023	_ ·
Sincerely,	

Danielle Garcia Business Administrator



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SCHOLARSHIP POLICY

- 1) Philosophy
 - i) The CDCC Board of Directors has recognized that there are parents with financial hardship who are not always able to fully afford the cost of childcare. The scholarship program has been set up to allow those needs to be considered. Scholarships are need-based in nature. Parents should be encouraged to apply if they qualify.
- 2) Policy
 - i) Any family with a child currently enrolled in CDCC may apply for a scholarship, by meeting the following qualifications:
 - ii) The family must be current on their child's tuition with a zero balance at the time of application.
- 3) Cliff Drive Care Center offers two concurrent scholarship programs based on need and available funding.
 - i) Cliff Drive Care Center Scholarships are offered to families of any income level with demonstrated financial need. Students receiving CDCC Scholarships are required to have attended CDCC for a minimum of three months prior to the scholarship being awarded. If the child has not attended CDCC for three months when the scholarship application is received and the family is awarded a scholarship, the scholarship will not be applied to the account until the child's account has been active and current for three months.
 - ii) Daniel Fund Scholarships are offered to families through the generosity of the Daniel Fund of the Santa Barbara Foundation. Students receiving Daniel Fund Scholarships are required to
 - (a) Be Santa Barbara County residents.
 - (b) Be working parent(s)/guardian(s).
 - (c) Contribute some portion of the tuition costs.
 - (d) Have a child enrolled in the program on a full-time (5 full days for infants and preschool, 5 days for after school) basis.
- 4) Applications may be obtained from the office. Completed applications must be returned, along with the front page of the previous year's 1040 Tax Form, to the CDCC Secretary by Aug 15th of the month for submission to the Board. During the year, applications are due by the 15th of the month. Scholarships will be awarded on a need basis if funds are available.
- 5) CDCC Scholarships
 - i) The CDCC budget allows for a monthly amount to be given for scholarships.
 - ii) Scholarships are provided in variable amounts not to exceed the annual limit set by the board.
 - iii) Scholarships may not exceed \$200.00 monthly per family, whichever is lower.
 - iv) While scholarships are granted for a twelve-month period, the Board reserves the right to rescind a scholarship if current monthly tuition payments are not made or if I fail to provide continued financial reports.
- 6) Daniel Fund Scholarships
 - i) Daniel Fund Scholarships are provided through the generosity of the Daniel Fund of the Santa Barbara Foundation. They are provided for the 2023-2024 School Year
 - ii) The Daniel Fund Scholarships provide \$300 Infant, \$250 Preschool, or \$100 After School scholarships.



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- 7) Scholarship recipients must report any changes to their financial situation or address and may be asked to confirm their information every three months. Failure to respond to requests for information may result in the scholarship being rescinded.
- 8) The Board may deny a scholarship and request the Free Methodist Church to assist the family through the church's "benevolence fund." This decision, however, is made by the Free Methodist Church leadership.
- 9) Exceptions to the above policy will only be granted by the CDCC Board. Any such exceptions are not to be interpreted as future policy unless so amended by the Board.



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Cliff Drive Care Center STUDENT SCHOLARSHIP APPLICATION

Parents should plan on making their regular payment for childcare until they are notified otherwise. Scholarships are granted based on money available to the Board and based on the needs of the parent. When the Board receives multiple scholarship applications, the Board may elect to only award money to those in greatest need, or they may award an amount less than the amount requested. Scholarship terms run from September to August and then parents must re-apply. Updated financial information must be included, as well as a current copy of page one of your last Federal Tax return, three months of pay stubs, and proof of residence (a bill with your name and address printed on it).

Please carefully answer all questions asked. Inaccurate or missing information may result in denial of the scholarship.

Name of enrolled student:		Student's age:
Enrolled Student's Address:		
Program student is in (Infant Center, Pr	reschool, Pre-K, Afterschool, Af	fter-K, Summer Camp):
Scholarship Program Being Applied for:	: CDCC Scholarship D	aniel Fund Scholarship
Parents Name:	Home phone:	Work Phone:
Parent's Address:		
How long has the student been enrolled	?	
Other siblings at Cliff Drive:		
Have you received scholarship money ir	n the past?	
If yes, when:; approx	ximate amount: \$; the p	period of time:
The reason you applied for this scholars	ship:	



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Monthly scholarship amount app	lied for:	Date Applied:
PLEASE INCLUDE A COPY OF RETURN, THREE MONTHS O		YOUR MOST RECENT FEDERAL INCOME TAX FOR OF RESIDENCE.
FINANCIA	L INFORMATION FO	R SCHOLARSHIP APPLICATION
Monthly Income:		
Gross wages:	(before	e taxes are taken out)
Net Wages:Plus Other Income:		er tax deductions)
(#1) Net Income:		
PRESENT MONTHLY EXPENS	ES: (Pro-rate those that	occur at other intervals, such as annually)
Housing:	(Include insu	rance, and property taxes if you own you own home).
Utilities:	(Water, Elect	cricity, Gas, Trash, Phone)
Medical:		
Insurance:	(Auto, Life,	other)
Clothing:		
Food:		
Loans & Bank Card Payments:		



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Car Expenses:	(Gas, Oil, Repairs)				
Child Care:	(other than Cliff Drive)				
Other:	(please specify)				
	(please specify)				
(#2) Total Monthly Expense (not including Cliff Driv	s:ve Child Care)				
NET INCOME AFTER EXF	PENSES (#1 minus #2):				
AVERAGE MONTHLY CH	IILD CARE EXPENSES FROM CLIFF DRIVE (not includin	g scholarships):			
Other Resources: Savings account balance:	: Bonds:				
Stocks:	Other:				
TOTAL:					
	DO NOT WRITE BELOW THIS LINE				
Child's regular monthly tuiti	ion: \$ Board action: Date: _				
Scholarship granted:					
Conditions to be met:					
Regular:	Daniel Fund:				
Period for:	to				



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SCHOLARSHIP POLICY - PARENT COPY

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