

Scholarship Program

Neighbors For Kids is very fortunate to offer our Scholarship Program for our Day camps and summer Day Camps. These Scholarships allow families of children ages 5 through 12 to participate at a subsidized cost in any of our full-day camps or any duration of our 10-week Summer Day Camp.

Who is eligible for our Scholarship Program?

Residents of Lincoln County may apply for Scholarships. Applications are reviewed on a first-come, first-served basis, and approval is based on financial needs. Individuals who receive government assistance or fall below the federal income limit of "low" (using proof of income) automatically qualify for partial scholarships. The chart below shows income eligibility based on the number of Families.

Proof of current participation in one or more of the WIC, CHIP, TANF, SNAP, or Medicaid programs confirms eligibility but does not guarantee a scholarship. Appropriate documents to use as proof of income may include

a. Most recent tax returns (we cannot accept W-2 forms or pay stubs)

- b. TANF award paperwork
- c. Oregon Trail Card or SNAP award letter
- d. Social Worker letter of income

What does the Scholarship cover? What is not covered?

When a scholarship is awarded, it covers all attended tuition fees for either preschool, Non-School days, or full-day camps. Field trips and extra activities are all included in daily tuition, so they are also covered. The only costs that are not covered by tuition are No-show charges. These charges are for days when a child is scheduled to attend one of our programs and does not attend. In cases of emergency or sickness, these charges may be waived if prior notice is given, but not guaranteed, mainly when frequent no-shows occur. Parents/Guardians will be financially responsible for no-show charges.

Is there a maximum scholarship amount that can be given?

Our scholarship program is only possible due to the generosity of donors, local, State, and Federal grants we receive, and volunteers. Based on the chart above, we often offer partial scholarships to help as many families as we can. The lowest amount for qualified families is 25% of the daily fee. The maximum for a partial scholarship is 75% of the daily fee. Our scholarship program does not cover transportation. If your family is facing extreme difficulties and hardship, we also have short-term emergency funding to help needy families.

What are the terms of my child's Scholarship if awarded?

A monthly minimum payment plan must be set up for a scholarship to take effect. The level of scholarship awarded will determine the minimum monthly amount needed.

- 75% scholarship = \$10 minimum monthly payment per child
- 50% scholarship = \$20 minimum monthly payment per child
- 25% scholarship = \$30 minimum monthly payment per child

This monthly minimum recurring payment will be charged on the first day your child attends and then on the 3rd of every month following. It will recur every month until all outstanding balances are paid. You can request the amount be higher to avoid having an overdue account, but it can not be lower than the minimum required per your scholarship level. A staff member will work with you to predetermine what care will cost monthly after the scholarship is applied based on your child's planned attendance.

Example:

Child A attends only for the summer program, five days a week full days @ \$30 per day before the scholarship. Child A is awarded a 50% scholarship, bringing the daily cost to \$15 daily. This would be \$75 per week or an average of \$300 monthly. If only the minimum payment of \$20 per month is paid, there would be a \$280 outstanding balance. The recurring payment of \$20 would continue for 14 more months to pay the outstanding balance off. The remaining balance can be paid off at any time during that time frame, and recurring payments will be stopped.

Scholarships are valid for one year upon being awarded; after one year, you must reapply.

ERDC or scholarship?

You may qualify for ERDC (Employment-related Day Care), which may cover the entire cost of your daily fee. To receive this benefit, you will need to qualify based on the following criteria:

• You must be an Oregon resident.

• Must be employed.

• In a two-parent family, both parents must be working. Exceptions may exist if one parent cannot care for the children due to a medical/mental health condition or in cases where Child Welfare requires supervised contact.

- Your income must be below 185% of the Federal Poverty Level.
- You must have a qualifying child or children. Qualifying children are o Under 12 years of age who need care;
- Age 12-17 who receive care if required by particular circumstances;
- U.S. Citizens or qualifying non-citizens.
- You must need child care to remain employed. For a two-parent family, both parents must have all or part of their work hours overlap.
- You must use a childcare provider that meets DHS requirements

The State requires all families that meet these criteria to apply for ERDC before applying for a scholarship. Once you have applied, Neighbors For Kids will submit your scholarship paperwork and assist you until ERDC payments are adequate. For more information on ERDC, please go to:

http://www.oregon.gov/DHS/ASSISTANCE/CHILD-CARE/Pages/Pare nts.aspx.

Any family wanting to receive the Scholarship benefit must complete the attached Scholarship Application form. Please feel free to ask the receptionist for assistance or any questions.

Neighbors For Kids is dedicated to providing our community's students with quality after-school, non-school days, and full-day summer camp programs that include nutritious USDA meals and snacks.



Scholarship Application

The following form and its information are confidential and used ONLY to determine eligibility for scholarship funding. These funds can help families during full days and breaks when we have fees. Depending on eligibility, these scholarships can cover full or partial payments. Once filled out, please return it to NFK to be submitted on your behalf. You will then be informed of approval and scholarship level.

MEMBER INFORMATION

Child Name(s)	Birth Date	School (Fall, 2024)	Grade (Fall, 2024)

Kid Zone Kids, is your child a:

Current: ____ New: ____ Returning: ____ Kid Zone Kid

Primary Address

Parent/guardian full name and contact number:

Mailing Address:	
City:	
Street Address:	-
City:	
-	-

HOUSEHOLD

Updated 1/10/2025

What is your approximate annual household income?

umber of per Cir		family/l income							
	1	2	3	4	5	6	7	8 +	
\$12,140		\$18,2	10	\$2	4,280		\$30,350)	\$37,027
\$16,460		\$24,6	90	\$3	2,920		\$41,150)	\$50,203
\$20,780		\$31,1	70	\$4	1,560		\$51,950)	\$63,379
\$25,100		\$37,6	50	\$5	0,200		\$62,750)	\$76,555
\$29,420		\$44,1	30	\$5	8,840		\$73,550)	\$89,731
\$33,740		\$50,6	10	\$6	7,480		\$84,350)	\$102,907
\$38,060		\$57,0	90	\$7	6,120		\$95,150)	\$116,083
\$42,380		\$63,5	70	\$8	4,760		\$105,95	0	\$129,259

How many people live in your household? # Adults: _____ # Children (under 18): _____

Are you a single parent?
¬Yes
No
Is anyone in your household aged 65 or over?
Yes
No

Is anyone in your household currently in the military or a veteran of military service? \Box Yes \Box No

Is anyone in your household disabled?
□ Yes □No

Is anyone in your household available to volunteer at the Kids Zone on a scheduled basis?

Yes
No

Do you receive or participate in the following State or Federal programs?

Food Stamps	Employment-Related Daycare (ERDC)
\Box TANF	DHS JOBS or OFSET Employment Programs

□ CSC WIA Employment Program

Ethnicity: Native American ___; Hispanic/Latino___; African American; ___ Asian/Indian___Hawaiian/Pacific___; Caucasian___; Biracial___; Other___; (Note: ethnicity requested for some of our grant reporting)

The information provided is accurate to the best of my knowledge. If anything

Updated 1/10/2025

changes, I will inform Neighbors for Kids of these changes and accept that this may increase or decrease the Scholarship funding provided to me. **Intial___**

I agree to set up a payment plan upon being awarded a scholarship and understand that if payments are not made, then I forfeit this scholarship and will be responsible for all charges related to my child attending Neighbors For Kids **Intial___**

Print of Legal Parent/Guardian

Signature of Legal Parent/Guardian:

Date: _____