



# SCHOLARSHIP PROCESS

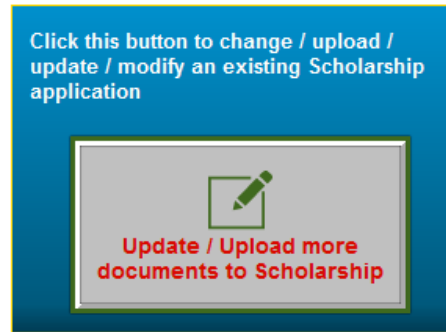
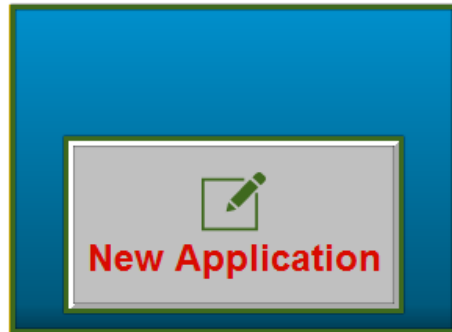
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BEFORE & AFTER SCHOOL  
CHILD CARE

BROWARD COUNTY PUBLIC  
SCHOOLS

Monday, July 22, 2019

## Parents Menu



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WHEN YOU CLICK ON **THE APPLICATION** YOU WILL SELECT: **NEW APPLICATION**

IF YOU START AND LEAVE YOU WILL SELECT : UPDATE/UPLOAD MORE DOCUMENTS

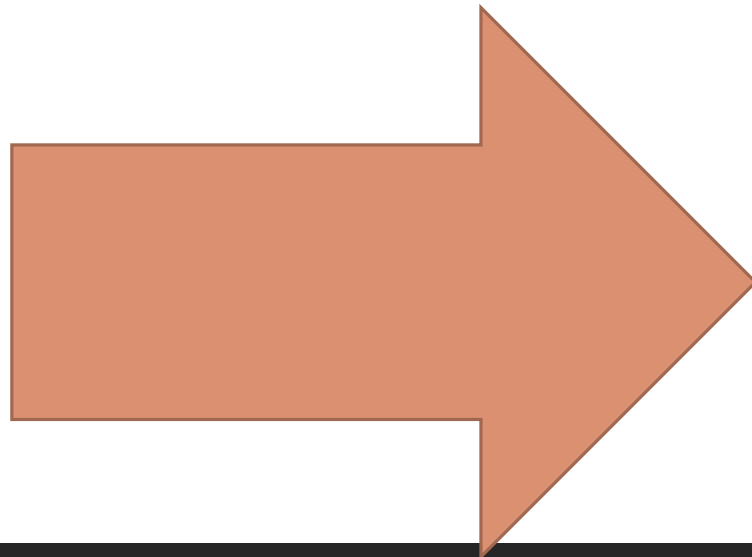
**IF YOU TRY AND START ANOTHER NEW APPLICATION, SYSTEM WILL NOT ALLOW YOU TO DO SO. CALL 754-321-3314 (MON – FRI 8AM – 5PM) FOR TECHNICAL ASSISTANCE OR 754-321-3330 AFTER HOURS.**

# Weblink for Scholarship

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[www.basccbroward.com](http://www.basccbroward.com)

Select hyperlink to scholarship



## Overview

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+ **Parent**

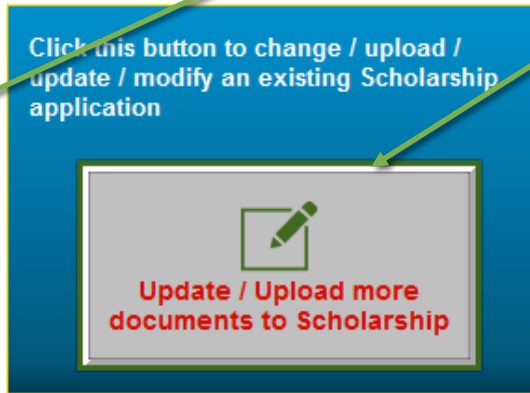
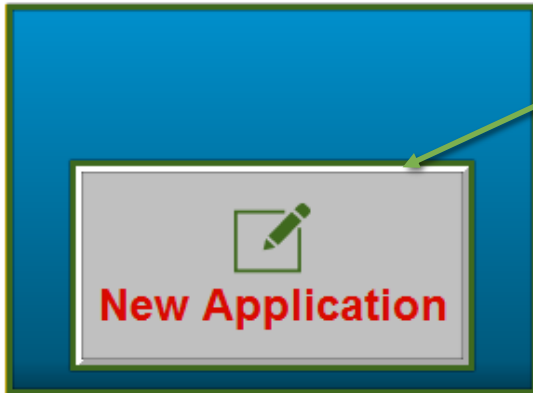
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**Scholarship Application Process**

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Monday, July 22, 2019

## Parents Menu



1. Select New Application
2. Select Update or Upload.

If you have a problem:

1. Make sure to have the application number provided by email to you.
2. If you started an application and want to finish it or if you made a mistake and need assistance, call at: 754-321-3314 (Mon – Fri 8am – 5pm) for technical assistance OR 754-321-3330 after hours
3. The system will not allow duplicate applications and would need to be completed. If you did by accident start a new application then call for assistance: 754-321-3314 (Mon – Fri 8am – 5pm) for technical assistance OR 754-321-3330 after hours

Make sure to write down your application number,  
Check your email to confirm you receive  
verification

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AFTER SCHOOL CHILD CARE PARTIAL FEE SCHOLARSHIP  
APPLICATION SCHOOL YEAR

Only create one new application.

If you leave the application and need to return, select "Update Application".  
DO NOT select "NEW Application".

Application Number:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>
Your Email Address:	<input type="text"/>
Verify your email:	<input type="text"/>

You will receive an email with the Applicant's Name and  
Application Number. Keep this information for future  
reference.



# Now complete information

Are you applying for:

- Before Care
- After Care
- Or Both

Make sure to fill in all pink areas

You may add more than one child on this application if they are at the same school

5 pages of this application. Have all of your information prior to beginning.

If you have questions email: [scholarshipinfo@browardschools.com](mailto:scholarshipinfo@browardschools.com) and someone will contact you.

## DEADLINE TO SUBMIT APPLICATION IS

Application Number:	<input type="text"/>	Keep this number for future reference or to update your application.
Active monitored email:	<input type="text"/>	
Verify your email:	<input type="text"/>	
<input type="checkbox"/>		
I am applying for the following scholarships. Click all that apply:		
<input type="checkbox"/>	Before Care - must be a two hour or longer program. Example 6:30 a.m. to 8:30 a.m.	
<input type="checkbox"/>	After School - must start the moment school ends, five days a week & early release day	
<input type="radio"/>	New application for this school year . I have not applied nor submitted an application.	
<input type="radio"/>	This is an update for this year's submitted application with new information not submitted earlier.	
<input type="radio"/>	I'm re-applying for a scholarship for the school year.	
Parent/Guardian Name:	<input type="text"/>	Application Date: <input type="text"/>
Only list children attending this school's aftercare program. If more than 3 child(ren), submit a 2nd application. Start a new application for any child(ren) attending a different program/school.		
Child 1 Name:	<input type="text"/>	Student # <input type="text"/>
Child 2 Name:	<input type="text"/>	Student # <input type="text"/>
Child 3 Name:	<input type="text"/>	Student # <input type="text"/>
Parent's/Guardian's Name on Student's Registration: <input type="text"/>		
Phone# 1:	<input type="text"/>	Phone# 2: <input type="text"/>
Address:	<input type="text"/>	City: <input type="text"/> Zip: <input type="text"/>
<input type="radio"/> I agree and understand the below statement. <input type="radio"/> I do not agree.		

For each adult (18-years or older living in the household) you must complete the form

Working?


Self-employed?

Attending College?

Medically Unable?

Unemployed?

Attach supporting documentation

 **AFTER SCHOOL CHILD CARE PARTIAL FEE SCHOLARSHIP APPLICATION SCHOOL YEAR**

Application #:

**Please continue with page 3 of the application.**  
Complete the following for each adult 18 or older living in the household. Evidence for each area of the scholarship is required. If more than three adults submit a second application.

**ADULT 1**

ADULT #1 Name  Phone

**I am currently: Check appropriate box(s)**

**Working**

- Submit 2 most current paychecks showing hours worked per pay period and tax return. (Attach below)
  - If less than 30 hours per work week or salaried, submit with checks, notarized letter, from employer, on business letterhead, stating work days and work hours.

Employer  Telephone  Supervisor

**Self-employed**

- Submit notarized letter, on business letterhead, stating your work days and work hours
- Submit TIN#, business license, sales tax certificate, website, business address, business card, etc.
- Submit notarized letter from accountant stating years in business and status of business.

Business Name:  Telephone  Owner

**Attending College, technical school, or university**

- Classes must be held during aftercare hours and in person. Online courses are not eligible
- Attach class schedule showing: School Name, Student name, Paid status, class start/end time, class start/end dates.

**Medical unable**

- Submit notarized letter from doctor explaining that patient cannot care for child during aftercare hours, must be signed by doctor and dated within 30 days of application.

**Unemployed**

- Submit current letter of termination from employer, dated within 30 days of application.
- Or submit current notice of Reemployment Assistance Benefits.

Attach requested documents from above here:  
(Employment, School, or medical disability documents) →

Attach most current year tax return here:  
• IRS tax form 1040 and proof of filing tax return →   
• Self-employed, attached Schedule C: Business Income

# Second and Third Adult living in the household

- Working?
- Self-employed?
- Attending College?
- Medically Unable?
- Unemployed?
- Attach supporting documentation
- If no additional adult then continue to click forward

[Back](#) AFTER SCHOOL CHILD CARE PARTIAL FEE SCHOLARSHIP APPLICATION SCHOOL YEAR

Application #:

Please continue with page 4 of the application.  
Complete the following for each adult 18 or older living in the household. Evidence for each area of the scholarship is required. If more than three adults submit a second application.

**ADULT 2 - If no Adult 2, Click Continue.**

ADULT #2 Name  Phone

**I am currently: Check appropriate box(s)**

Working

- Submit 2 most current paychecks showing hours worked per pay period and tax return. (Attach below)
  - If less than 30 hours per work week or salaried, submit with checks, notarized letter, from employer, on business letterhead, stating work days and work hours.

Employer  Telephone  Supervisor

Self-employed

- Submit notarized letter, on business letterhead, stating your work days and work hours
- Submit TIN#, business license, sales tax certificate, website, business address, business card, etc.
- Submit notarized letter from accountant stating years in business and status of business.

Business Name:  Telephone  Owner

Attending College, technical school, or university

- Classes must be held during aftercare hours and in person. Online courses are not eligible
- Attach class schedule showing: School Name, Student name, Paid status, class start/end time, class start/end dates.

Medical unable

- Submit notarized letter from doctor explaining that patient cannot care for child during aftercare hours, must be signed by doctor and dated within 30 days of application.

Unemployed

- Submit current letter of termination from employer, dated within 30 days of application.
- Or submit current notice of Reemployment Assistance Benefits.

Attach requested documents from above here:  
(Employment, School, or medical disability documents) →

Attach most current year tax return here:

- IRS tax form 1040 and proof of filing tax return
- Self-employed, attached Schedule C: Business Income

→

**Continue**



# Foster Care or Homeless


[Back](#)

**AFTER SCHOOL CHILD CARE PARTIAL FEE SCHOLARSHIP  
APPLICATION SCHOOL YEAR**

Application #:

**Please continue with page 6 of the application.**  
This is the final page of the scholarship process. Please complete and read each section carefully. When you are finished, you may save the application as a PDF for your future reference.

Is this a student a Foster Care student?  Yes  No  
If yes, provide a copy of your foster care letter or copy of an email from your agency stating you are the foster parent.

Place a copy of your foster care letter or email notification here. 

Is this student a designated as "Homeless" with Broward County Public Schools?  Yes  No  
Before & After School Child Care will pull the information provided by the District to meet this requirement.

Processing of the completed submitted application will take up to 30 business days to complete. If you have not heard within four (4) weeks after submitting the application, email: [scholarshipinfo@browardschools.com](mailto:scholarshipinfo@browardschools.com)

Applicant will need to sign the below by typing in their name and submitting the application. I understand it is the applicants responsibility to follow up on the status of the application. Note, if additional information is requested and not received within 30 days of the request, the application will be denied and closed.

If an application is denied, the applicant understands they can reapply if circumstances change or if they are able to provide new information. They would begin the process again. Due to confidentiality, the supervisor at your school will not be able to provide you with a status of your application.

**If not signed by applicant, application WILL NOT be processed:**

Applicant's Name:  Date:

Application must be "Submitted" to be processed. 