Child Care Council of Dutchess and Putnam, Inc.

Connecting Communities and Children

2026 Child Care Tuition Scholarship Application

If you need assistance in filling this application out in English or Spanish, please give Crystal a call at (845) 473-4141 x221.

(Please complete one application per child.)

Name of Child _____ Date of Birth _____

Is this a single or a two-parent household? ☐ Single Parent ☐ Two Parent

Name of Parent/Caretaker 1_____Is Parent/Caretaker 1 employed: _____

Name of Parent/Caretaker 2 (if applicable) _____Is Parent/Caretaker 2 employed: _____

Home Address_____ City_____ Zip_____

Primary Phone Number_____ Email Address _____

Annual Household Income: $_____ Number of People in Household _____

Name of Child Care Provider/Program_____Provider's Phone_____

Street Address_____ City_____ Zip_____

Number of Days Child Attends Child Care per week _____ Full Weekly Fee for This Child _____

Have you applied for Child Care Assistance with the Dutchess County Department of Community & Family Services?

☐ Yes, I have applied ☐ No, I haven't applied yet ☐ No, my income is over the Income Guidelines ☐ No, I would be denied due to lack of funding

If you have applied, were you:

☐ Denied Child Care Assistance (please include your denial letter) ☐ Approved for Child Care Assistance ☐ I'm not sure

Please submit the required documentation to determine income eligibility for the Child Care Tuition Scholarship Program. This application must be complete with current supporting documentation.

- Copy of Most Recent Federal Tax Return, **OR**
- 4 current consecutive weeks of Pay Stubs, **OR**
- Proof of Disability Income and/or Unemployment Insurance

If you have not filed a Federal Tax Return and do not have proof of income, please submit the following:

- Signed Letter from Employer Stating Length of Employment, Weekly Schedule, Hours per week, and Rate of Pay

If you receive any other type of tuition assistance, you are not eligible for this Scholarship Program.

Parent 1 Signature _____ Date_____

Parent 2 Signature (if applicable) _____ Date_____

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The programs provided by this agency are partially funded by moneys received from the County of Dutchess.