INFORMATION

SCHOLARSHIP PURPOSE AND DESCRIPTION
The purpose of the scholarship fund is to remove financial roadblocks so to allow Michigan Tech’s most needy families access to high-quality early childhood education at Michigan Tech’s Little Huskies Child Development Center. The focus demographics are undergraduate, graduate, and low-income employee families. Their success at Michigan Tech is a guiding principle for awarding scholarships.

The scholarship awards are available for up to a full-year, twelve-month period; however, nine-month schedules will be considered if it is best for the families. The absence priority policy currently in place at Little Huskies will be used if families dis-enroll.

Once awarded, tuition scholarships are intended to continue with the eligible family until the child is no longer attending Little Huskies, financial need can no longer be documented, and/or university enrollment or employment cannot be verified. Families receiving a scholarship will be required to verify continuing financial need and university enrollment or employment as applicable on an annual basis, and the continuing award commitment will be verified after review by the committee. Annual continuation will depend upon funding availability, and any other discretionary changes made by the University, committee, or donor(s).

ELIGIBILITY CRITERIA FOR STUDENTS AND MICHIGAN TECH EMPLOYEES

All Applicants
- Full-time tuition as a percentage of total annual household(s) income and available support (see http://www.mtu.edu/little-huskies/enroll/information/fees/ for current tuition rates) will be a significant consideration.
- Applicants must have at least one child under the age of 6 who is a natural-born or adopted child or a child for whom the student or employee is a legal guardian.

Undergraduate and Graduate Students
- Enrolled as a Full-time student for both the fall and spring terms, and
- Cumulative GPA of 2.0 or greater, and
- Children may not be dually enrolled in other pre-school, Early Head Start or Head Start programs if awarded scholarship funding.

Employees
- Must work in a benefits-eligible position, and
- Must be a single-parent household
  OR
- Have a spouse/domestic partner who is:
  Employed at least 25 hours per week
  OR, is collecting unemployment benefits and actively seeking employment
  OR, is a full-time student
  OR, is disabled
  OR, is providing care for a disabled person (at least 25 hours per week)
  OR, is actively seeking employment AND the spouse/domestic partner is in the first six months of employment at Michigan Tech.

A completed application and all required materials must be submitted and received no later than 5:00 pm, July 31 for the upcoming academic year. Materials may be sent electronically to eva-marie.hatfield@gretchenshouse.com or mailed to: Eva-Marie Hatfield, Little Huskies Child Development Center, 500 MacInnes Drive, Houghton, MI 49913.

Application Form/TCK
Access to High Quality Early Childhood Education Scholarship Fund
APPLICATION FORM

IMPORTANT: Information for ALL/BOTH legal guardians must be filled out to be considered a complete application.

Name(s) of Child #1: __________________________
Date of Birth of Child #1:_________________________

Name(s) of Child #2: __________________________
Date of Birth of Child #2:_________________________

Name of Parent/Guardian 1: __________________________
Child/Children’s primary residence
Telephone: ______________________________________
Email: ______________________________________
(Indicate one)

☐ Full-time Undergraduate Student
Previous Academic Year:
(Fall Credit Hours _______, Spring Credit Hours ______)

☐ Full-time Graduate Student
Previous Academic Year:
(Fall Credit Hours _______, Spring Credit Hours ______)

☐ Benefits-eligible Faculty or Staff
Employed elsewhere (number of hours per week ______)
Other ______________________
☐ Please consider risk factors in my personal statement (see below)

Name of Parent/Guardian 2: __________________________
Child/Children’s primary residence
Telephone: ______________________________________
Email: ______________________________________
(Indicate one)

☐ Full-time Undergraduate Student
Previous Academic Year:
(Fall Credit Hours _______, Spring Credit Hours ______)

☐ Full-time Graduate Student
Previous Academic Year:
(Fall Credit Hours _______, Spring Credit Hours ______)

☐ Benefits-eligible Faculty or Staff
Employed elsewhere (number of hours per week ______)
Other ______________________
☐ Please consider risk factors in my personal statement (see below)

Total family size living in the home: ________ (adults) ________ (children)

Please list the current ages of all the children living in the home from youngest to oldest:

#1_____       #2_____       #3_____       #4_____       #5_____       #6_____       #7_____      #8_____       #9_____

Circle all possible risk factors for consideration (not limited to this list) – please include comments in your personal statement.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Risk Factor</th>
<th>Risk Factor</th>
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<tbody>
<tr>
<td>Child or Family Physical Health Issues</td>
<td>Child or Family Mental Health Issues</td>
<td>English is not the primary language spoken in the home.</td>
</tr>
<tr>
<td>The child receives Special Education Services or is suspected to have a developmental delay</td>
<td>Behavioral Issues</td>
<td>Parent loss by death, divorce, incarceration, military service or absence</td>
</tr>
<tr>
<td>Single-parent Household</td>
<td>Parent is first-generation College Student</td>
<td>Alcohol or Substance Abuse</td>
</tr>
<tr>
<td>Parent without a High School degree or low educational attainment</td>
<td>The child’s parent was younger than 20 at the birth of their first child</td>
<td>Child has prenatal/postnatal exposure to toxic substances known to cause learning or developmental delays</td>
</tr>
<tr>
<td>The child or the parent has suffered abuse or neglect</td>
<td>The child’s sibling has chronic illness, behavior issues, disabilities or death</td>
<td>Other Family Challenges (please elaborate)</td>
</tr>
<tr>
<td>Growth issues such as small stature OR off either end of the growth chart as reported by a physician.</td>
<td>Other:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Application Form/TCK
**Personal Statement:** Describe why you feel you should be considered to receive an award from the Access to High Quality Early Childhood Education Scholarship Fund. This statement may include reasons why the committee should consider exempting you from any of the outlined criteria based on their individual family circumstances with particular consideration for exceptions given for highlighting risk factors such as health conditions, social, emotional, mental health circumstances, and family challenges. *(Please include as an attachment if this space is not sufficient. Total length may not exceed one page.)*

By signing below, I swear that:

1. The information submitted in this application and in any supporting documents is true, correct, and complete.
2. I understand that changes in my enrollment or employment status may result in the reduction or cancellation of my award.
3. I understand that any withholding or falsification of information for the purpose of obtaining a scholarship may result in cancellation and repayment of my scholarship.
4. I understand that scholarships awarded are subject to termination in the event of shortages in scholarship funding, donor support, or committee discretion.
5. I understand that by submitting this application I am granting all departments of Michigan Technological University permission to share information including employment records and personally identifiable information from education records with the scholarship committee to determine eligibility and financial need. These documents include but may not be limited to FAFSA information, Earnings Statements, W-2's, Stipend Payments, and other financial verifications conducted for parent(s) and/or guardian(s). Michigan Tech departments include but are not limited to Financial Aid, Payroll, Human Resources, the Graduate School, International Programs and Services, General Accounting, and Sponsored Programs Accounting.
6. I understand that scholarship disbursements may be subject to tax implications.
7. I understand that this scholarship award will be reported to the IRS using the primary student or employee’s social security number or taxpayer I.D.

**Signature:** _____________________________________________ **Date:** ___________________________________________

Please attach and return with completed application for all legal guardians living in the household:

- 1040 Tax Return(s) from previous calendar year
- All W-2 Statements from previous calendar year
- The last three months of paycheck stubs (child’s legal guardian(s))
- A personal statement, no longer than one page, which describes why you feel you should be considered to receive an award from the Access to High Quality Early Childhood Education Scholarship Fund. *This statement may include reasons why the committee should consider exempting you from any of the outlined criteria based on their individual family circumstances with particular consideration for exceptions given for highlighting risk factors such as health conditions, social, emotional, mental health circumstances, and family challenges.*

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