



Thank you for your interest in the Mayor's Scholarship Fund! This innovative investment by the city of Lawrence ensures high quality and affordable child care services for families and recognizes the importance of child care and early education as part of our infrastructure and future.

The Mayor's Scholarship Fund is for families that meet the following criteria:

- Lawrence residents only
- Meets income requirement (within 110% SMI)
- Does not currently have a state child care subsidy
- Is working or enrolled in school/training program (applicable for both parents in household)
- Has a valid picture ID (foreign ID is acceptable)

**Please note that all families will be required to pay a parent co-pay based on a sliding scale.**

**Step #1** To find out if you qualify, please complete the attached **Family Eligibility Questionnaire**.

**Step #2** Qualifying families must select a child care provider before proceeding with the enrollment process. Child Care Circuit is available to assist families with provider selection and can share a list of eligible providers. Once a provider is selected, a **Confirmation of Provider Form** (also attached) must be completed and signed by the parent and the provider. FCC providers must be associated with an FCC system.

**Step #3** Families must then complete an Enrollment Packet (***Parent Contact Information Form, Household Composition Statement and Household Income Statement***) and submit along with the following documentation:

- Proof of Address
- Photo ID
- Paystub (one of monthly, two if biweekly, etc.) or Proof of School/Training enrollment
- Proof of other income sources as declared on the Household Income Statement

Enrollment packets are available at our website: [www.childcarecircuit.org](http://www.childcarecircuit.org) or in person at 190 Hampshire Street, Lawrence.

**Instructions for submitting documents:**

- Families can submit documents electronically by emailing them to [scholarship@childcarecircuit.org](mailto:scholarship@childcarecircuit.org)
- Families can use their phone to scan documents for easy electronic transmission. The following apps can be downloaded to scan documents:
  - *CamScanner (Android)*
  - *Scanner for Me (iPhone)*
  - *PDF Document Scan (iPhone)*
- Families can also drop documents in the outside drop box, deliver in-person or mail documents to 190 Hampshire Street, Lawrence, MA 01840.

Please label all your documents as "Mayor's Scholarship Fund."

If you have any questions, please email [scholarship@childcarecircuit.org](mailto:scholarship@childcarecircuit.org) or call the following number:  
**978-296-8728**

**Thank you!**

- 1) Do you live in Lawrence? / *¿Vive en Lawrence?*
  
- 2) Do you currently have a child care subsidy from the Department of Early Education and Care? / *¿Tiene actualmente un subsidio para el cuidado de los niños del Departamento de Educación y Cuidados Tempranos?*
  
- 3) First & Last Name of Parent/Guardian / *Nombre y apellido de m/padre/apoderado(a)*
  
- 4) Address / *Dirección*
  
- 5) Phone / *Telefono*
  
- 6) Email / *correo electrónico*
  
- 7) Number of children in household? / *¿Número de niños en el hogar?*
  
- 8) Number of parents/guardians in household? / *número de padres/tutores en el hogar?*
  
- 9) Child(ren) date of birth / *Niño(s) fecha de nacimiento*
  
- 10) Gross monthly income / *ingresos mensuales*
  
- 11) Are all parents/guardians in the household working or in school/training? / *¿Todos los padres/guardianes del hogar están actualmente empleados o registrados en la escuela/ programa de entrenamiento?*



**CONFIRMATION OF PROVIDER**

Once you have chosen the *child care provider* who will care for your child(ren), please have the provider complete and sign this form to help the completion of the voucher.

If you will be using more than one provider, use one form per provider.

Parent Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Child #1 \_\_\_\_\_ Child #3 \_\_\_\_\_

Child #2 \_\_\_\_\_ Child #4 \_\_\_\_\_

**Program Type:** Child # 1: \_\_\_\_\_; Child # 2: \_\_\_\_\_; Child # 3: \_\_\_\_\_; Child #4: \_\_\_\_\_

Please use the following Program Type Abbreviations when completing the section above: IN (Infant); TO (Toddler); PS (Preschool); SU (Under 2 w/ System Provider); SO (Over 2 w/ System Provider); AS (After School); BS (Before School); BA (Before & After School); SC (School Closures Only)

**PROVIDER INFORMATION - To be completed by the Child Care Provider:**

<b>What is your program/agency name, address and phone number?</b> (Systems: Please write the provider Name, Address, and your agency)	
<b>What is the expected <i>program start date</i> for the child (ren)?</b>	
<b>Please circle one</b>	<b>Full time or Part time</b>
<b>Please circle the days care will be provided</b>	<b>Su-M-Tu-W-Th-F-Sa</b>

Children are not considered enrolled in subsidized care until the first day the child actually attends the program following the start date indicated on the voucher.

\_\_\_\_\_  
 Parent Signature Date Provider Signature Date

Revised 7/18/21