Quality First Scholarships Program

Family Application for State Fiscal Year 2027 (July 1, 2026 - June 30, 2027)

The Quality First (QF) Scholarships are available through participating child care sites and are designed to help eligible families access quality child care. To apply, please complete this application, include all required documents, and submit it to your participating QF child care provider. Please note that the scholarship may not cover all costs; you should review any required co-pay amounts with your child care provider before enrollment. If you have any questions about eligibility or need clarification, please contact regionalscholarships@vsuw.org or call toll free 1-866-973-0012.

Up to two (2) QF and two (2) PEEPS scholarships are allowed per family household; no more than one (1) scholarship per child is allowed			
Applying Child 0-5: First Name	**Last Name**	**Date of Birth (mm/dd/yyyy)**	**Documented Special Need**
			☐IEP ☐IFSP ☐504 Plan
Race/ethnicity (select all that apply):	☐American Indian/Alaska Native ☐Asian ☐Black ☐Hispanic ☐Native Hawaiian/Pacific Islander ☐White ☐Other:		
Applying Child 0-5: First Name	**Last Name**	**Date of Birth (mm/dd/yyyy)**	**Documented Special Need**
			☐IEP ☐IFSP ☐504 Plan
Race/ethnicity (select all that apply):	☐American Indian/Alaska Native ☐Asian ☐Black ☐Hispanic ☐Native Hawaiian/Pacific Islander ☐White ☐Other:		
****Must List Date of Birth and Employment Status for All Adults in Household****			
Parent/Guardian(s): First Name	**Last Name**	**Relationship to Applying Child(ren)**	**Date of Birth (required) (mm/dd/yyyy)**
Employment Status (required for all adults in the household):	☐Employed By Other ☐Self-Employed ☐Not Employed		
Employment Status (required for all adults in the household):	☐Employed By Other ☐Self-Employed ☐Not Employed		
****Must List Date of Birth and Employment Status for All Adults in Household****			
Additional Household Member(s): First Name	**Last Name**	**Relationship to Applying Child(ren)**	**Date of Birth (required) (mm/dd/yyyy)**
Employment Status (required for all adults in the household):	☐Employed By Other ☐Self-Employed ☐Not Employed		
Employment Status (required for all adults in the household):	☐Employed By Other ☐Self-Employed ☐Not Employed		

Additional Household Members: First Name	Last Name	Relationship to Applying Child(ren)	Date of Birth (required) (mm/dd/yyyy)
Employment Status (required for all adults in the household):	☐Employed By Other ☐Self-Employed ☐Not Employed		

Language(s) spoken in the family (select all that apply):	☐English ☐Spanish ☐Other:_____	
Street Address (child must be an AZ resident)	**City**	**Zip Code**
Email Address	**Phone Number**	**Cell Y/N**

2026 Federal Poverty Levels (FPL)
supplied by the U.S. Department of Health and Human Services

Family Size	2	3	4	5	6	7	8*
300% of FPL	$64,920	$81,960	$99,000	$116,040	$133,080	$150,120	$167,160

***For each person over a family size of eight (8), add $17,040**

REQUIRED: Statement of Lawful Presence & Eligibility to Receive Public Benefits

☐ REQUIRED: Child(ren) receiving a scholarship must be a U.S. citizen or national, or an eligible alien. The Statement of Lawful Presence & Eligibility to Receive Public Benefits form must be completed for each child applying for QF Scholarships. In addition to the completed form, one of the documents listed on pages 10-11 must be provided as verification of lawful presence and eligibility.

***Scholarships are reserved for children age 0-5, not yet attending or eligible for Kindergarten. Children with a date of birth of 8/31/2021 or earlier are considered Kindergarten eligible as of 9/1/2026 and may not receive a scholarship after this date.**

REQUIRED: Household Size must be defined by Option 1 or Option 2

☐ Option 1: Public Assistance *(Determines household size AND family income)*

Attach your public assistance approval letter dated within the last twelve (12) months; letters should include the applying child(ren)'s name(s), household, and monthly gross income. (Nutrition Assistance/SNAP, AHCCCS, and/or Cash Assistance/TANF)

According to your public assistance letter:

_____Number of parents/guardians/contributing members in the family household
_____Number of children in the family household
_____Family gross annual income

Families can view **Nutrition** and **Cash Assistance** letters at https://myfamilybenefits.azdes.gov
Families can view **AHCCCS** letters at https://www.healthearizonaplus.gov

If your public assistance letter meets all criteria as stated above, you may stop here and proceed to the Parent/Guardian Declarations section of this application on page 5. No additional information is needed.

☐ **Option 2: Tax Records** ***(Determines household size, does NOT determine family income)***

Provide a copy of your family's most current annual income tax return (page 1 of 1040 tax form) with listed dependents. Returns should be for the 2025 tax year or later and applying child(ren)'s names should be included.

- ☐ I have provided a tax return (2025 tax year or later)
- ☐ I have provided a tax return, but my tax records do not include the applying child or otherwise do not accurately reflect my situation (to amend household size you must submit additional documentation)*
  - ☐ Birth certificates for siblings adopted or born after tax year (income for both parents listed on birth certificate will be required unless a superseding custody agreement exists)
  - ☐ Custody agreement
  - ☐ Marriage certificate
  - ☐ Divorce decree
  - ☐ Foster care or adoption documentation
  - ☐ Other (only accepted with prior approval from VSUW and FTF)

Your child care provider will use QF guidelines to make a final determination of household size and income.

REQUIRED: Income Documentation for Employed Applicants Qualifying Using Option 2

Income information is necessary to process your application, please provide ONE of the following as they apply for each **Contributing Member**.

Contributing Member(s): Any household member related by birth, marriage, or adoption; Contributing Member will also include anyone who claims the child as a dependent on their taxes or public assistance letter.

☐ **Employed by Other** – must provide documentation of one of the following options:

- ☐ One month of current consecutive pay stubs

Calculate *Gross Annual Income* (BEFORE taxes) using pay stubs. Do not submit W-2 forms.

Monthly = 12 pay periods - 1 pay stub
Twice per month = 24 pay periods - 2 pay stubs
Biweekly = 26 pay periods - 2 pay stubs
Weekly = 52 pay periods - 4 pay stubs

Pay Descriptions that count towards gross annual income: regular/straight pay, paid time off, vacation, holiday, sick time, shift differentials, bereavement, tips and commission, housing and subsistence allowances. NOTE: <u>Overtime, bonuses, and per diem pay do NOT count towards gross annual income.</u>

OR

- ☐ Statement from employer, on company letterhead, that includes a gross annual income OR hourly rate with average hours worked and frequency of pay

☐ **Self-Employed** – must provide documentation of one of the following options:

- ☐ Tax Form 1040 with applicable forms such as schedules C, C-EZ, E, F and K1 **AND** monthly ledgers verifying gross income earned and receipts for business expenses for the three most recent months*****

OR

- ☐ Signed profit and loss statement for the three most recent months **AND** business receipts verifying gross income earned and receipts for business expenses for the three most recent months*

***Income is calculated using the monthly ledgers or profit and loss statement and receipts for the three most recent months. If the business has a requirement to file taxes, but has not done so, you must provide a valid and filed extension from the IRS**

REQUIRED: Income Documentation for Unemployed Applicants Qualifying Using Option 2

☐ **Unemployed** – must provide the following (see below for additional unearned income requirements):

☐ No Income Declaration Form (mandatory for all Contributing Members with no earned income)

☐ **Experiencing Homelessness**– must provide documentation of one of the following options:

☐ Signed statement from your case manager

OR

☐ Signed personal statement explaining circumstances (only accepted with prior approval from VSUW and FTF)

REQUIRED: Unearned Income Documentation for Applicants Qualifying Using Option 2

☐ My household does NOT receive any unearned income

☐ My household DOES receive unearned income (documentation of this income, amount and frequency, is required and counted in the eligibility determination):

☐ Education assistance (not loans)

☐ Foster care or adoption payments

☐ Government or tribal income (per cap, TANF)

☐ Social Security income (disability, survivor benefits, etc.)

☐ Retirement payments

☐ Veteran benefits

☐ Unemployment insurance statement

☐ Child support or spousal maintenance

☐ **Custody A** - both parents' total income is needed if child lives in both homes and both are responsible for child care costs

OR

☐ **Custody B** – other parent's income not counted if primary or applying parent receives child/spousal support (applying parent must provide documentation of support amount and frequency)

Parent/Guardian Declarations	
Initial each of the following boxes to certify that you have read and understand the guidelines for a QF Scholarship.	
	I have reviewed the eligibility requirements and have attached supporting documentation for ALL income sources from ALL Contributing Members in my household.
	I understand that the child care provider may charge a monthly co-pay that will be my responsibility.
	I understand that First Things First pays the child care provider for my child's QF Scholarship. I understand that upon enrollment, I will receive a Family Award Notification Letter that lists my child's QF Scholarship award (part time or full time) and the monthly reimbursement amount the child care provider receives for that QF Scholarship. I understand I may be required to verify, in writing or otherwise, other monthly tuition information.
	I understand that this scholarship cannot be guaranteed to continue beyond June 30, 2027.
	I understand that a single family may utilize a maximum of two (2) full time QF and two (2) full time PEEPS Scholarships, with a maximum of one (1) full time Scholarship per child.
	I understand that foster children, placed by the state of Arizona, are not eligible for QF Scholarships as they should be able to access DES child care subsidy or Head Start via their caseworker.
	I understand that I must accept the DES child care subsidy if/when it is offered. I understand if I decline the DES child care subsidy that I will not be able to keep the QF Scholarship.
	I understand that QF Scholarship eligibility is determined once per fiscal year.
	I understand that if my child no longer attends the program, I cannot transfer my QF Scholarship to another site. If pursuing a scholarship at another Quality First program, I must reapply at the desired location and be awarded a QF Scholarship at that site.
	I understand that in order for my child to be eligible for a part time QF Scholarship, they must be scheduled to attend at least 8 days and 34 hours per month, and that to be eligible for a full time QF Scholarship, they must be scheduled to attend at least 8 days and 93 hours per month.
	I agree to bring my child 85% of their scheduled time in order to fulfill the purpose of the QF Scholarship, which is to give my child early learning opportunities. I understand that excessive absences may result in the loss of the QF Scholarship.
	I understand that if any questions are left blank or if any attachments are missing, my application will be returned as incomplete. This may cause a delay in approval.
	I understand that inquiries about my child's QF Scholarship may be made to Valley of the Sun United Way at regionalscholarships@vsuw.org or 1-866-973-0012.

Declarative Statement:

I understand that personal information contained on this application will be reported to Valley of the Sun United Way and First Things First, reviewed in audits, shared with other state agencies for program compliance, and used publicly in aggregate, both regionally and statewide. I also understand that QF Scholarship funding is temporary in nature and that I may be liable for, and may have to pay back, any dollars received based on false and/or incorrect information provided. Completion of this application does not guarantee a QF Scholarship.

_____	_____	_____
Printed Name of Parent/Guardian	**Signature**	**Date**

Please make a copy of this page for Parent/Guardian records

Child Care Provider Verification & Determination of Eligibility	
Must be completed and initialed by site administrator on or before enrollment date	
	All pages in application have been filled out completely.
	Child's age and legal residency have been verified. (Age 0-5, not yet eligible for Kindergarten.)
	Family has been informed of co-payment (if applicable) not covered by the QF Scholarships Program.
	Family has signed and received a copy of the Family Award Notification Letter with their child's QF Scholarship award (full time or part time) and monthly reimbursement amount listed.
	Eligibility has been determined; income and household verification supporting documents are attached.

2026 Federal Poverty Levels (FPL)

CIRCLE YOUR FINAL HOUSEHOLD SIZE DETERMINATION & ADD FINAL GROSS INCOME IN APPROPRIATE BOX

Family Size	2	3	4	5	6	7	8*
Gross Annual Income							
300% of FPL	$64,920	$81,960	$99,000	$116,040	$133,080	$150,120	$167,160

***For each person over a family size of eight (8), add $17,040**

_____ _____ _____

Printed Name of Staff Member **Signature** **Date**

STATEMENT OF LAWFUL PRESENCE & ELIGIBILITY TO RECEIVE PUBLIC BENEFITS

Directions:

1. A parent or guardian must complete the information requested below for the child who will use the scholarship.
   - Sections 1, 2 and 4 are for all children.
   - Section 3 is for children who are not U.S. citizens or U.S. nationals.
2. The parent or guardian must provide a copy (front and back, as applicable) of one or more documents belonging to the child from the attached "List of Evidence of Eligibility and Lawful Presence."

SECTION I — APPLICANT (CHILD) INFORMATION

Child's Name (Print): _____

Child's Birthdate: _____
Month Day Year

Grant or other benefit applying for: **First Things First, Quality First Scholarship**

SECTION 2 — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Is the child a U.S. citizen or national? (check one) Yes ___ No ___

If "Yes," state where was the child born:

City _____ State (or equivalent) _____ Country or Territory _____

If the child is a U.S. citizen or national, skip section 3 and go to section 4.
If the child is not a U.S. citizen or national, complete both sections 3 and 4.

SECTION 3 — ALIEN STATUS DECLARATION

Complete section 3 only if the child is not a U.S. citizen or national.

Indicate the child's status by checking one of the 13 boxes.

"Qualified Alien" Status

☐ 1. Lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).

☐ 2. Granted asylum under INA § 208.

☐ 3. Refugee admitted to the United States under INA § 207.

☐ 4. Paroled into the United States for at least one year under INA § 212(d)(5).

☐ 5. Deportation currently withheld under INA § 241(b)(3). (*This status can only be used where the scholarship is federally funded.*)

☐ 6. Cuban or Haitian entrant, as defined in the Refugee Education Assistance Act of 1980, § 501(e).

☐ 7. Child who is or whose parent is a "battered alien" or an alien subjected to extreme cruelty in the United States and who qualifies under 8 U.S.C. § 1641(c).

☐ 8. Granted nonimmigrant status under INA § 101(a)(15)(T) (human trafficking) or who has a pending application that sets forth a prima facie case for eligibility for such nonimmigrant status.

☐ 9. From Iraq or Afghanistan and granted special immigrant status under INA § 101(a)(27).

☐ 10. Citizen or national of Ukraine or a related person paroled into the United States as described in Public Law 117-128, § 401 (May 21, 2022).

Nonimmigrant Status

☐ 11. Nonimmigrant under the INA. Nonimmigrants are persons who have temporary status for a specific purpose. (*This status cannot be used where the scholarship is federally funded.*)

Alien Paroled into the United States For Less Than One Year

☐ 12. Paroled into the United States for less than one year under INA § 212(d)(5). (*This status cannot be used where the scholarship is federally funded.*)

Otherwise Lawfully Present

☐ 13. A person not described in categories 1–12 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act makes individuals who fall into this category ineligible for Quality First Scholarships despite being lawfully present in the United States.**

SECTION 4 — DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge and that the document(s) submitted demonstrating eligibility and lawful presence are true.

Name of document(s) provided: _____

_____
Parent or Legal Guardian's Printed Name

_____ _____
Parent or Legal Guardian's Signature Date

ATTENTION CHILD CARE PROVIDER:

** Due to Proposition 314 (2024), if the child is not a U.S. citizen or national, the Child Care Provider must send this completed form and the child's submitted document(s) demonstrating eligibility and lawful presence to First Things First so First Things First can verify the child's eligibility and the validity of the child's document(s) using the federal SAVE system before the child receives a Quality First Scholarship.*

LIST OF EVIDENCE OF ELIGIBILITY AND LAWFUL PRESENCE

U.S. Citizen or U.S. National

- Birth certificate or delayed birth certificate issued in any U.S. State, Territory, or Possession (unless the applicant was born to foreign diplomats), including Washington D.C., Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands
- U.S. passport (valid for at least 5 years)
- U.S. Certificate of Birth Abroad:
    - Certificate of Birth (issued by a foreign service post), Form FS-545
    - Certification of Report of Birth, Form DS-1350
    - Consular Report of Birth Abroad of a Citizen of the United States, Form FS-240
- U.S. Certificate of Citizenship, Form N-560 or Form N-561
- U.S. Certificate of Naturalization, Form N-550 or Form N-570
- Tribal Certificate of Indian Blood
- Tribal or Bureau of Indian Affairs Affidavit of Birth
- Tribal members may contact First Things First at (602) 771-5026 for additional forms of acceptable evidence.

Qualified Aliens

1. Alien Lawfully Admitted for Permanent Residence

- Foreign passport with a United States visa and unexpired temporary I-551 stamp
- Form I-94 with a photograph and unexpired temporary I-551 stamp
- Permanent Resident Card (Form I-551)

2. Asylee

- Employment Authorization Document (Form I-766) annotated “A5”
- Form I-94 with a photograph and annotated with stamp showing grant of asylum under INA § 208

3. Refugee

- Employment Authorization Document (Form I-766) annotated “A3”
- Form I-94 with a photograph and annotated with stamp showing admission under INA § 207
- Refugee Travel Document (Form I-571)

4. Alien Paroled into the U.S. for at Least One Year

- Form I-94 with a photograph and stamp showing admission for at least one continuous year under INA § 212(d)(5)

5. Alien Whose Deportation or Removal Was Withheld

- Employment Authorization Document (Form I-766) annotated “A10”

6. Cuban/Haitian Entrant

- Foreign passport with a United States visa and unexpired temporary I-551 stamp
- Form I-94 with a photograph, code CU6 or CU7, and unexpired temporary I-551 stamp
- Form I-94 with a photograph and stamp showing parole as “Cuba/Haitian Entrant” under INA § 212(d)(5)
- Permanent Resident Card (Form I-551) with code CU6, CU7 or CH6

7-10. Battered Alien, Trafficking Victim, and Iraq/Afghanistan/Ukraine Entrant

- Contact First Things First at (602) 771-5026 for assistance.

Nonimmigrant Status

11. Nonimmigrant under the INA

- Form I-94 with a photograph and stamp showing authorized admission as nonimmigrant under INA § 212(d)(5)

Alien Paroled into the United States for Less than One Year

12. Alien Paroled for Less than One Year

- Form I-94 with a photograph and stamp showing authorized admission for less than one year under INA § 212(d)(5)

Person with a Disability

If any applicant has a disability that limits the applicant's ability to provide the required evidence of citizenship, nationality or immigration status, the applicant may contact First Things First at (602) 771-5026 for assistance.

Background on why the Statement of Lawful Presence and Eligibility to Receive Public Benefits and supporting documents are required:

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. §§ 1611 & 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive public benefits. Public benefits under the Act include grants and contracts as well as payments or assistance to an individual, household or family unit for welfare, health, disability, postsecondary education and other similar benefits. Individuals who apply for a public benefit must make a written declaration under penalty of perjury that they are eligible to receive public benefits and submit documentation establishing that eligibility.

Arizona Revised Statutes §§ 1-501, 1-502 & 1-504 require, in general, that a natural person applying for a public benefit must submit certain documentation that satisfactorily demonstrates that the applicant is lawfully present in the United States and make a declaration under penalty of perjury that the submitted documentation of lawful presence is true. In addition, due to Proposition 314 (2024), applicants who are not U.S. citizens or nationals must have their immigration status marked above and their submitted documentation verified by a government agency through the federal systematic alien verification for entitlements (SAVE) program.

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