

Child Care WAGES® Project **Application**



Please complete this 4-page application and sign on page 3.

Application Checklist



<input type="radio"/> Complete application	<input type="radio"/> All questions must be answered. <input type="radio"/> Pages 1 - 3 must be completed by the applicant. <input type="radio"/> Page 4 must be completed by the director, owner or person authorized to provide employment verifications.
<input type="radio"/> Official transcripts <i>Supplements are based on the education documents submitted with your application. Be sure to include <u>official transcripts</u> for ALL college coursework completed at a regionally accredited college or university. Copies of degrees and unofficial transcripts are not accepted. Internet transcripts cannot be accepted unless obtained by the WAGES staff. Workshops and training hours are not acceptable documentation.</i>	<input type="radio"/> Official transcripts are already on file with WAGES and no additional education has been completed. <input type="radio"/> Official transcripts are on file with Early Educator Certification. <input type="radio"/> Transcripts are enclosed. <input type="radio"/> Transcripts are being sent directly from college(s). <i>List colleges sending transcripts here:</i> *You will be processed based on the education submitted. If you do not indicate the colleges sending transcripts, you may be awarded at the wrong level. Remember you must ask the college to send us your transcripts.
<input type="radio"/> Income verification <i>See Section 3, "Ownership Status", for details.</i>	<input type="radio"/> Income worksheet (if home provider) <input type="radio"/> Current pay stub (if employee): pay stub should accurately reflect normal schedule. <input type="radio"/> Most recent tax documentation (if center owner): please submit 1040 and all supporting documents.
<input type="radio"/> Read the Participant Agreement and sign the Statement of Affirmation	See page 3 of this application.
<input type="radio"/> Return the application	Send your completed application and required documentation to: Child Care WAGES® Project, Child Care Services Association, PO Box 901, Chapel Hill, NC, 27514 Need help? Contact a WAGES Counselor at 919-967-3272.

1. Applicant Information

Indicate correct options with a check.

Date of application		County of residence		Social Security number	
First name		Middle name	Last name		Maiden name (if applicable)
Mailing address			City		State
Zip	Home phone ()	Cell phone ()		Email address	
Date of birth / /			Gender <input type="radio"/> Male <input type="radio"/> Female		
Ethnicity (optional)		<input type="radio"/> Black/African American	<input type="radio"/> Asian American/Pacific Islander	<input type="radio"/> American Indian	
		<input type="radio"/> White/European American	<input type="radio"/> Hispanic American/Latino/Latina	<input type="radio"/> Biracial	<input type="radio"/> Other



