

## CCSA Scholarship Notice of Scholarship Award Explanation

The CCSA Notice of Scholarship Award will serve as confirmation that a family has been approved for a scholarship and will list pertinent information such as parent and child name, dates of care approved, approved provider, and parent fee. The Notice of Award does not require any signatures. Please refer to the sample Notice of Award on the next page for an example of what these notices will look like. The numbered items below explain more about what you will find in each section.

1. The Primary Applicant Parent/Guardian name and the name and birthdate of the child the scholarship is for can be found in the first section. **The scholarship is only valid for the parent and child listed here.**
2. The program the child's scholarship is supported by will be included in the first paragraph. Examples of programs you may see here are Smart Start, UNC, or Early Head Start, although there may be others. This information will help you know if this is a child you are allowed to charge an overage for if the child is receiving an enhanced reimbursement rate (see the Maximum Reimbursement Rate Schedule on the [CCSA Scholarship Provider webpage](#) for more information).
3. The Current Care Plan dates are the dates for which care has currently been approved. **Care received before the start date or after the end date listed will not be covered by CCSA unless you receive an updated Notice of Scholarship Award from CCSA that extends care.**
4. The provider information contains the name, license number, and physical location address of the approved provider for this particular child and scholarship. Please check this information for accuracy and inform the scholarship counselor right away if there is an error. Scholarships are only valid at the location entered on this award notice. **The scholarship cannot be transferred to another location without prior approval by CCSA.**
5. The "participation agreement" is a list of statements the parent agrees to at the time they fill out a scholarship application and cover such things as parent fees, providing two weeks' notice, bringing their child to care consistently, and more. A copy of the Participation Agreement is included on the final page of this document.
6. In this section, you will find the amount of care provided (Full Time, Three Quarter Time, Half Time, or Quarter Time) and the parent's assigned monthly parent fee. Please review the amount of care for accuracy and inform the scholarship counselor right away if there is an error. Please note that if a child starts or ends mid-month, you should divide the monthly parent fee by 21.67 to determine the daily parent fee rate. *If you are allowed and plan to charge an overage, remember to inform the family as soon as possible upon receipt of the Notice of Scholarship Award.*
7. In the final section, you will find the name and email address of the family's scholarship counselor. You may speak to the counselor about any questions you may have surrounding the Notice of Scholarship Award such as amount of care, start/end dates, or parent fee. For any questions regarding attendance or payments, please email [scholarship@childcareservices.org](mailto:scholarship@childcareservices.org).



-----NOTICE OF CHILD CARE SCHOLARSHIP AWARD-----

NOTICE DATE: 06/01/2021

PRIMARY APPLICANT PARENT/GUARDIAN: Jane Doe  
APPLYING CHILD: John Doe (Date of Birth:01/01/2021)  
COUNTY OF HOUSEHOLD RESIDENCE: Durham

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Congratulations! Your child, named above, has been certified as eligible for Child Care Scholarship service through the Smart Start program. Your eligibility is based on your county of residence and details confirmed in your application for Scholarship service. Your certification is valid for up to one year from 06/01/2021, based on the details of your current application and supporting documentation. \*\*\*Care is currently approved only for the dates and facility noted below.\*\*\* Continued eligibility may require additional information or supporting documentation. Any significant changes to the details in your application (employment status or weekly hours, household income, family size, county of residence, etc.) should be reported to your Scholarship Counselor right away.

CURRENT CARE PLAN DATES: 06/01/2021-05/31/2022

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These dates are based on your current eligibility status. Your counselor will be in touch with you prior to the end date noted above regarding any additional documentation or details needed to support your ongoing Scholarship service.

CHILD CARE FACILITY NAME, LICENSE, AND LOCATION:  
ABCD Sample Child Care Center (NC DHHS License # 87654321)  
1234 Anywhere St  
Anytown, NC 12345

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A copy of this notice will be supplied to your child care provider. Please refer to the participation agreement you signed as part of your application for reminders about your responsibilities to your provider and Child Care Services Association. If you did not retain a copy of your signed application and agreement, one can be provided to you upon request.

AMOUNT OF CARE: Full Time  
MONTHLY PARENT FEE (paid directly to your provider): \$123.45

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Parent fees are based on a percentage of your monthly income and the amount of care you're using. If your employment status or weekly hours, income of any type, or amount of care used changes during your current care plan, please notify your Scholarship Counselor. For care that begins or ends mid-month, please refer to your parent agreement for information on prorated fees.

SCHOLARSHIP COUNSELOR: Counselor Name  
CONTACT DETAILS: Counselor Email  
919-403-6950 (use directory or leave a general message at extension 2108)

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CCSA's Child Care Scholarship program is made possible by funding from Durham's Partnership for Children – a Smart Start initiative, University of North Carolina at Chapel Hill, United Way of the Greater Triangle, the Towns of Chapel Hill and Carrboro, St. Thomas More Church, and private contributions.

Mailing Address  
PO Box 901  
Chapel Hill, NC 27514

Headquarters  
Orange County Office  
p. 919-967-3272  
f. 967-7683

Durham County Office  
p. 919-403-6950  
f. 403-6959



[www.childcareservices.org](http://www.childcareservices.org) • [info@childcareservices.org](mailto:info@childcareservices.org)

**Parent/Guardian Participation Agreement**

The primary applicant and, if present in the home, other parent/guardian should read and initial each statement below, then sign and date this form at the bottom. For any item on this page requiring clarification, please reach out to any member of the Scholarship team at [FamilyScholarship@childcareservices.org](mailto:FamilyScholarship@childcareservices.org) or 919-403-6950 x2108.

\_\_\_\_//\_\_\_\_ I understand that my application to the Scholarship Program is part of my eligibility review for Scholarship service but does not guarantee service. I understand that my Scholarship Counselor will inform me of the results of my eligibility review once I've submitted all required documentation.

\_\_\_\_//\_\_\_\_ If awarded Scholarship service, I understand that I will receive a Notice of Scholarship Award containing the details of my service including but not limited to the dates and amount of care, child care facility information, parent fees, and contact information for my assigned Scholarship Counselor. I am aware that if the details of my award should change, I will be issued subsequent notices containing updated information about my award. I understand that any child care I use that is not covered in an initial or subsequent Notice of Scholarship Award will be entirely my financial responsibility.

\_\_\_\_//\_\_\_\_ I accept responsibility for keeping the details included in my Scholarship application up to date with my Scholarship Counselor, including any changes in employer or employment status, hours devoted to school or work, income of any type, and household size and make-up. I understand that any significant change in parent/family circumstances may affect the type of scholarship, if any, I am eligible for, and failure to report such a change may result in termination of services.

\_\_\_\_//\_\_\_\_ I agree to remain reachable throughout the term of any Scholarship service my family may be awarded and respond in a timely manner to any request for additional documentation by my Scholarship Counselor. I understand that failure to respond, to provide requested documentation, or to make updates to my eligibility details may result in termination of Scholarship service or full or partial repayment of the scholarship paid by CCSA to my provider on my child's behalf.

\_\_\_\_//\_\_\_\_ I understand that, should I be awarded Scholarship service, monthly parent fees assigned to me will be based on a percentage of my income, as calculated by documentation submitted for my eligibility review, and that I would be expected to pay these fees directly to my child care provider on the schedule my provider would set. Should I begin or end care mid-month, I understand that my provider should divide my parent fee by 21.67 to reach a daily rate for the purposes of prorating the fee for that month. I realize that nonpayment of parent fees to my child care facility may result in termination of my Scholarship service there and that Scholarship service cannot be transferred to any other child care program until all outstanding child care fees are paid in full.

\_\_\_\_//\_\_\_\_ If awarded Scholarship service, I agree to bring my child regularly to child care utilizing the amount of care in my Notice of Scholarship Award and to notify my Scholarship Counselor if my child's absence from care exceeds 5 business days in any month of Scholarship service. I further agree to give my child care provider and Scholarship Counselor two full weeks' notice, preferably in writing, prior to removing my child from care, realizing that failure to do so could delay transfer of Scholarship service to another provider.

\_\_\_\_//\_\_\_\_ I understand that child care providers are business owners or operators. If awarded Scholarship service, I understand that my enrollment at a particular site makes me subject to the same rules, hours, paperwork, fees, policies, etc. as families paying privately for care at the same facility.

\_\_\_\_//\_\_\_\_ I confirm that I am not currently using any other form of child care subsidy, scholarship, or financial assistance to pay for child care and that if such assistance were to be offered, I would inform my Scholarship Counselor right away.

\_\_\_\_//\_\_\_\_ I understand that failure to follow the items I have initialed in this Parent Participation Agreement could jeopardize my continued eligibility for Scholarship service.

**Acknowledgement**

By signing below, I affirm that the information provided in this application is true, accurate and complete. I understand that any information provided in this application may be shared with and released to third parties, including but not limited to Durham and Orange County Departments of Social Services, Head Start/Early Head Start, NC Pre-K and other local subsidy partners. I hereby authorize and consent to the release and sharing of such information by Child Care Services Association (CCSA) to and with third parties. On behalf of the child, and in my individual capacity, I hereby release CCSA, its employees and agents from any liability or damages that may result from the release or sharing of such information, including liability or damages resulting from possible inaccuracies, errors or other inadvertent occurrences relating to such information or the maintenance of such information.

Primary Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Parent/Guardian's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

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