

## Directions for Completing Break the Cycle Child Care Program APPLICATION

**READ DIRECTIONS CAREFULLY**

### I. General Instructions for all applicants

1. Must be completed by applicant
2. Must be on original Break the Cycle Application Form (*unless otherwise specified*)
3. Must be typewritten or legibly printed in ink in spaces provided. **DO NOT ADD PAGES.**
4. The following documents are required and are to be included with the application:
  - ❖ Minimum of TWO letters of recommendation. One from instructors and/or employers and one from an individual (other than an immediate family member)
  - ❖ Final High School transcript or GED results
  - ❖ Completed Personal Financial Statement (enclosed) including wage statements and/or last year's income tax return
5. Completed application must be returned to:  
The Western Foundation, Inc.  
Administrative Center  
**MAIL ADDRESS:**  
400 7<sup>th</sup> Street North  
P.O. Box 908  
La Crosse, WI 54602-0908  
(We are located on the corner of Seventh & Main Streets,  
Administrative Center, Third Floor)
6. Incomplete applications will not be accepted.

### II. Letters of Recommendation

#### A. For students enrolled at Western

1. Give correct form to instructor and/or employer
2. Give correct form to individual.
3. Be sure individuals writing letters of recommendation follow instructions.
4. All application materials including letters of recommendation, financial report (and supporting documents), must be submitted in one package.

#### IMPORTANT INFORMATION

#### Income Tax

Awards are taxable income to the extent not expended for qualified tuition, fees or books, supplies and equipment required for courses of instruction. The individual recipient is responsible for determining to what extent, if any, this scholarship is included in gross income.

#### IS YOUR BREAK THE CYCLE APPLICATION COMPLETE? Have You...

1. Answered every question?
2. Typed your application or legibly printed it in ink?
3. Included **TWO** letters of recommendation.
4. Verified that letters of recommendation are sealed and that the person writing the recommendation placed his/her signature across the sealed portion of the envelope? Letters must be a part of your completed application.
  - at least one letter from a teacher or employer (past or present)
  - at least one letter from another individual who knows you, other than a family member
5. Included transcripts if required?
6. Checked whether full-time or part-time student?
7. Checked year of program?
8. Signed application?

**(Over)**

# **BREAK THE CYCLE PROGRAM CRITERIA FOR AWARDING FUNDS**

## **CRITERIA FOR AWARDS**

- First priority to young single parents (23 years or under) who received a high school diploma or GED equivalent (First priority to parents under 21 years of age)
- Has never been married
- Financial need for child care support
- High school GPA minimum of 2.0 or 240 GED score
- Have custody of child(ren)
- 1<sup>st</sup> priority to those who live in La Crosse or Juneau Counties

## **AWARDS WILL BE DETERMINED BASED ON THE FOLLOWING:**

- Career Goals
- Unusual Circumstances
- Instructor and/or Employer Recommendation(s)
- Individual Recommendation(s)
- Cumulative Grade Point Average
- Extra credit: neatness, completeness, and standard English
- Final determination for awards will be based on an interview with the selection committee



*"Break the Cycle" Project*  
**Child Care**  
**FUNDING APPLICATION**

**MAILING ADDRESS:** 400 7th<sup>th</sup> Street North, P.O. Box 908,  
La Crosse, WI 54602-0908

(We are located on the corner of Seventh & Main Streets, Administrative Center,  
Third Floor)

Today's Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

\_\_\_\_\_ (County) (Telephone)

High School or college you are currently attending: \_\_\_\_\_

If applicable, name of high school or college you attended or graduated from: \_\_\_\_\_

Are you accepted into a program or enrolled at Western: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Program/Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Date you wish funding to begin \_\_\_\_\_

If you are already attending Western, how many semesters have you completed? \_\_\_\_\_

I am a (please X) \_\_\_ Full-time \_\_\_ Part-time Student

Name of Opportunity Center course completed: \_\_\_ Career Challenge \_\_\_ Lifework Planning \_\_\_ None

Did you apply for Federal Financial Aid? \_\_\_\_\_

How did you learn about Fresh Start? \_\_\_\_\_

Your Children:

Number of female dependents \_\_\_\_\_ age(s) \_\_\_\_, \_\_\_\_, \_\_\_\_ Child name: \_\_\_\_\_

Number of male dependents \_\_\_\_\_ age(s) \_\_\_\_, \_\_\_\_, \_\_\_\_ Child name: \_\_\_\_\_

I have custody of my child(ren)?

I do not have custody of my child(ren)?

My child is (will be) at a certified daycare provider: Yes \_\_\_\_\_ No \_\_\_\_\_

Name, address and phone # of Child Care Provider: \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

**I. CAREER GOALS (COMPLETE ON THIS PAGE)**

1. What are your career goals and plan of action to attain these goals?

2. How do you plan to balance self, work, family, and school?

Name \_\_\_\_\_

**II. SPECIAL CIRCUMSTANCES: (COMPLETE ON THIS PAGE)**

1. Please describe your living arrangements including who you live with, their relationship to your child, how expenses are determined, other financial assistance and your child's involvement with the other parent.

2. Describe those circumstances you wish the Scholarship Selection Committee to consider when evaluating your Childcare application. Please include, financial need, number of dependents, medical expenses, childcare expenses, work and/or family responsibilities, travel expenses, and any other special circumstances.

Name \_\_\_\_\_

### III. OTHER INFORMATION

How did you learn about the Western Foundation Fresh Start, Break the Cycle Program?

- Western Opportunity Center/Counselor
- Gundersen Lutheran Hospital
- High School Counselor
- Other \_\_\_\_\_

#### PLEASE READ AND SIGN:

I certify that all information is, to the best of my knowledge, true and correct and I authorize the Western Foundation to obtain information to verify my eligibility for this award from my academic records, transcripts and/or financial data. I also authorize the Foundation and my mentor to verify my grades and progress while attending classes at Western.

#### I FURTHER UNDERSTAND THAT I AM REQUIRED TO:

- 1) complete eight hours of parenting/relationship classes before graduation
- 2) agree to participate in the Mentorship program and keep in touch with my mentor at least once a month
- 3) send my child (children) to a certified child care center approved by the committee
- 4) train for a program with adequate wage expectation
- 5) be committed to not having any additional children during the period of assistance
- 6) submit a renewal request each year (request application from the Western Foundation)

#### IT IS IMPORTANT TO COMMUNICATE WITH YOUR MENTOR REGARDING THE FOLLOWING:

- 1) inability to maintain an overall GPA of 2.50 each semester
- 2) loss of child custody
- 3) inability to actively participate in the Mentorship program
- 4) inability to register and complete eight hours parenting classes
- 5) change in financial circumstances, i.e., marriage, change in living expenses, inheritance or additional funds from any other source, etc.
- 6) lifestyle changes or changes in living arrangements
- 7) discontinuation of education at Western for any amount of time

\* AWARDS WILL BE DETERMINED OR MAY BE WITHDRAWN BY THE FRESH START BOARD, ON A CASE-BY-CASE BASIS

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

**“BREAK THE CYCLE”**  
**PERSONAL FINANCIAL STATEMENT**  
PLEASE FILL OUT COMPLETELY (BOTH PAGES)

**Applicant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

Number of individuals living in your household: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Did you apply for financial aid? \_\_\_Yes \_\_\_No Relationship to child: \_\_\_\_\_

**I. MONTHLY INCOME FROM WAGES**

(Attach copies of wage statements from your last four weeks earnings & last year's federal income tax return) \$ \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Employer \_\_\_\_\_

A. **Total Household Current Monthly Income** \$ \_\_\_\_\_

B. **Applicants Gross Current Monthly Income** (Multiply weekly income by 4.3 & bi-weekly income by 2.15)  
**(PLEASE CIRCLE ADDITIONAL SOURCE OF INCOME)**  
 Include: W2, Social Security, pensions, disability, gifts, rents, unemployment, interest, dividends, inheritance, military, and other \_\_\_\_\_ (i.e. relatives, etc.) \$ \_\_\_\_\_

C. Do you receive medical assistance from the county? \_\_\_\_\_  
**Do you receive food stamps?** \_\_\_\_\_ \$ \_\_\_\_\_  
 Do you receive child support? \_\_\_\_\_ \$ \_\_\_\_\_

**Total Income** \$ \_\_\_\_\_

D. **Monthly Expenses**

Rent or Mortgage (taxes & insurance) circle if included	\$ _____
Food .....	\$ _____
Utilities .....	\$ _____
Telephone.....	\$ _____
Clothing .....	\$ _____
Laundry .....	\$ _____
Medical .....	\$ _____
Dental .....	\$ _____
Insurance (exclude payroll deductions).....	\$ _____
Child Care.....	\$ _____
Auto Expense (Gas & Insurance) .....	\$ _____
Auto Payments .....	\$ _____
Debt (enter total from II. Debts – next page).....	\$ _____
Miscellaneous _____	\$ _____

**Total** \$ \_\_\_\_\_

Name \_\_\_\_\_

Personal Financial Statement Cont...

**II. Debts**

Creditor	Purpose	Original Amount	Balance	Monthly Payment

Total \_\_\_\_\_

**III. Assets**

**A. Real Estate**

Address	Appraised Value	Mortgage or Lien	Net Value

**B. Motor Vehicles**

Type	Present Value	Lien

**C. Cash and Deposit Accounts**

Bank or Savings & Loan	Type	Amount

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Western Technical College

THE  SSENTIAL EXPERIENCE

## INDIVIDUAL RECOMMENDATION

Please write a brief (one page) letter of recommendation to assist the "Break the Cycle" committee at Western Technical College Foundation to select the most deserving candidate(s) who are eligible to receive child care assistance.

### Directions:

1. Recommendation must be typewritten or legibly printed in ink.
2. Place recommendation in an envelope and please sign your name across sealed portion of envelope.
3. Letters of recommendation must be given to student requesting recommendation.
4. Recommendations that are not enclosed in a sealed envelope and signed across sealed portion of the envelope or are sent separately to the Foundation will not be considered.
5. Recommendations furnished by individuals not related to the student should contain information that will demonstrate character, commitment, and/or any special circumstances that would assist the committee in selecting the candidates most worthy of an award from the Western Foundation. **Please include your name and signature, students name, and your relationship to the applicant.**

## INSTRUCTOR OR EMPLOYER RECOMMENDATION

**Directions:**

1. To complete this recommendation you must be:
  - (1) present or past instructor from High School or Western or
  - (2) present or past employer of student.
  
2. A one page summary must be typewritten or legibly printed in ink in the space provided on back of this form. **Do not add pages. Computer sheets not acceptable.**
  
3. **Sign the completed recommendation.**
  
4. Place recommendation in an envelope. **Sign your name across the sealed portion of the envelope.**
  
5. The summary statements should justify and explain the rating scale below.
  
6. **Give recommendation to student.**

I. Rate student in comparison to other students in your class or at place of work. Please place an (X) in the space that accurately describes the student.

Student's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Relationship to Student: \_\_\_\_\_

	Exceptional	Above Average	Average	Below Average	Don't Know
<b>Organization</b>					
<b>Leadership</b>					
<b>Initiative – Motivation</b>					
<b>Responsibility &amp; Dependability</b>					
<b>Resourcefulness – Creativity</b>					
<b>Capacity for Learning</b>					
<b>Quality of Work</b>					
<b>Relationship To Other</b>					
<b>Predicted Career Success</b>					

**INSTRUCTOR OR EMPLOYER'S RECOMMENDATION (CONTINUED)**

**II. Summary:** Please write a statement which provides information that would give insight to the selection committee regarding applicant's potential for success in his/her chosen field of study and why this applicant should be considered for an award. Exceptional ratings should be supported by examples in this written summary.

Name and title (*printed or typewritten*) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_