



**Ojai Valley Neighborhood for Learning Scholarship Application
Summer 2006**

Please Use Black Ink

FAMILY INFORMATION

Family Last Name:	Phone Number:	
Family Street Address:	City:	
Zip:	State:	
We don't need to know exactly, but which of the following categories best describes your total family income in the last 12 months? <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 – less than \$20,000 <input type="checkbox"/> \$20,000 – less than \$30,000 <input type="checkbox"/> \$30,000 – less than \$40,000 <input type="checkbox"/> \$40,000 – less than \$50,000 <input type="checkbox"/> \$50,000 – less than \$75,000 <input type="checkbox"/> More than \$75,000 <input type="checkbox"/> No answer/prefer not to say	Is there an expectant mother in the family? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer/prefer not to say	
	How many children are there in your household between the ages of 0-5 years old (up to 6 th birthday)? _____	
	How many family members are there in your household, including you? _____	

ADULT PARENT INFORMATION

Parent's First Name:	Parent's Last Name:	Middle Initial
Parent's Mother's First Name:	Parent's Mother's Maiden Last Name:	
What is your current employment status? <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed part-time <input type="checkbox"/> Employed full-time <input type="checkbox"/> Seasonal worker <input type="checkbox"/> Temporary employment <input type="checkbox"/> No answer/prefer not to say	What is your marital status? <input type="checkbox"/> Now Married <input type="checkbox"/> Domestic partner <input type="checkbox"/> Never married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single Parent	
Child's Name: _____	Parent's date of birth: (mm/dd/yyyy) ____ / ____ / ____	
Child's Birthday: (mm/dd/yyyy) ____ / ____ / ____ If you are a single parent, how often is the child with you? _____ How often is the child with the other parent? _____	Parent gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Do you receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how much and how often? Amount \$ _____ How often? _____	Do you have a high school diploma or a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer/prefer not to say	

Family Member type:

<input type="checkbox"/> Biological parent	<input type="checkbox"/> Foster parent	<input type="checkbox"/> Other relative of child 0-5
<input type="checkbox"/> Adoptive parent	<input type="checkbox"/> Domestic partner	<input type="checkbox"/> Expecting parent
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Sibling 6-18 years

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<input type="checkbox"/> Alaska <input type="checkbox"/> Native/American Indian <input type="checkbox"/> Asian (check below) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino (check below) <input type="checkbox"/> Mexican, Mexican-American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central American <input type="checkbox"/> Other Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Pacific Islander (check below) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Unknown <input type="checkbox"/> Other
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What language is spoken most often in your home?

<input type="checkbox"/> Mostly or all English	<input type="checkbox"/> Mostly another language (indicate below)
<input type="checkbox"/> English and another language equally (indicate below)	<input type="checkbox"/> Unknown

<input type="checkbox"/> Cantonese	<input type="checkbox"/> Khmer (Cambodian)	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Some other language
<input type="checkbox"/> Hindi	<input type="checkbox"/> Lao	<input type="checkbox"/> Spanish	<input type="checkbox"/> Unknown
<input type="checkbox"/> Japanese	<input type="checkbox"/> Mandarin (Putonghua)	<input type="checkbox"/> Tagalog (Filipino)	
<input type="checkbox"/> Korean	<input type="checkbox"/> Mixteco	<input type="checkbox"/> Vietnamese	

Has a doctor or health professional ever told you that your child was developmentally delayed? If yes please check all that apply: <input type="checkbox"/> No <input type="checkbox"/> Autism <input type="checkbox"/> A serious emotional disability <input type="checkbox"/> A speech impairment <input type="checkbox"/> Deafness or other hearing impairment <input type="checkbox"/> Blindness or other visual impairment <input type="checkbox"/> An orthopedic impairment <input type="checkbox"/> Another health impairment lasting 6 months or longer <input type="checkbox"/> No answer/prefer not to say	Do you receive welfare payments? (i.e. CalWorks) <input type="checkbox"/> Yes <input type="checkbox"/> No Do you receive food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own or rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent Monthly mortgage/rent \$ _____ Has your child ever been enrolled in any preschool program before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes where _____ how long _____ how many days a week _____
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Reason needing Assistance (write down any special circumstances that you need factored into your application) Please attach another sheet of paper if necessary.
