

Chronister Scholarship Application Form

Thank you for your interest in the Ballard Center's scholarship program. Our goal is to ensure that every child has access to quality early childhood education, regardless of financial circumstance. Please complete the following form to apply for a scholarship. All information will be kept confidential and used solely for the purpose of determining eligibility.

Applicant Eligibility:

- Ballard Center has limited funds to offer to income eligible families with a combined gross annual household income of less than \$240% Federal Poverty Level (see chart on last page).
- Families are put into priority order based on household income.
- There must be at least one working parent or caregiver to qualify.
- Funds may be held to support job seeking families, and awarded once employment is secured.
- Families must first apply for DCF Child Care Assistance.
- Scholarships typically pay between 10-40% of a child's tuition.

Application Process:

- Scholarships begin in August 2025 and end in July 2026.
- Applications received by July 1, 2025 will be prioritized. If funding remains available, applications will continue to be accepted after that date.
- All applicants will receive written notice of their status, sent to the email address provided on the application.
- Approved applicants will be awarded a scholarship based on their income level.
- When funds are fully allocated, qualified applicants will be placed on a waiting list for a potential future scholarship award.
- Ineligible applicants will receive a denial notification.

Please complete the application in full and attach all required documentation. The following documentation is required:

- 2024 1040 Tax Summary Form or Allowable Income Verification Substitution
- Supporting Documentation of Non-Employment Income (i.e., child support, unemployment, disability)
- For parents who are students: Student Enrollment Status (hours enrolled) and Financial Aid Summary

Questions may be directed to Kathrine Ward, Family Stabilization Director, kathrine@ballardcenter.org or by phone 785-842-0729. Applications may be emailed to Kathrine, mailed to PO Box 7, Lawrence, KS 66044, or delivered to our center at 708 Elm Street during regular business hours.

Please print clearly or type

Applicant Contact Information (parent, guardian, or primary caregiver)

Name(s):		
		Zip:
Phone:	Email:	
Child Information		
Child's Full Name:		
		Year Entering Kindergarten:
		Year Entering Kindergarten:
Child's Full Name:		
Child's Date of Birth:		Year Entering Kindergarten:
Caregiver Information	1	
Primary Caregivers/Parents/0	Guardians:	
Who has custody of the child	(ren)?:	
Relationship to the child(ren)	?	
With whom does the child(re	n) live?	
Relationship to the child(ren)	?	
Primary Language Spoken at	Home:	
Family and Household	I Information	
Number of Adults in Househo	old:	
Number of Children in House	hold (including children	you are applying for):
List all members of the house	ehold over the age of 18	and their employer(s).
Name:		If employed, name of employer:

Provide a copy of the 2024 1040 tax return summary form for reach adult member of the household.

The applicant may substitute the 1040 form with the following only if the household's financial situation has changed significantly since that filing or the household does not file taxes:

- The two most current, consecutive paystubs or a letter from the employer stating wages, hours, and expected monthly or yearly earnings AND
- A letter explaining why the pay stubs, or the letter best represent the household member's current income.

Non-employment Income Source: Check all that apply and provide supporting verification letter of expected award.

0	Unemployment compensation
0	Workman's compensation

- Social Security benefits
- a Dansian/Datirament hanafit
- Pension/Retirement benefits
- o International Financial Support
- Alimony
- Disability Benefits

 Veteran's Beneration 	tits	S
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- Tribal Benefits
- o Fellowships and/or Paid Internships
- Other: please describe

C	Child Support; Monthly amount:

Parent/Guardian Attending School

Name(s) of Parent/Guardian
Name(s) of School Attending
Please provide the number of hours enrolled and a financial aid summary for each person enrolled.

Parent/Guardian Agreement

By signing below, I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in the forfeiture of any scholarship awarded. I agree to inform Ballard Center immediately if any changes occur regarding my child's eligibility or financial situation.

Signature: Date:

Submission Instructions:

Please submit this completed application form along with any supporting documents to:

Kathrine Ward, Family Stabilization Director

Ballard Center

PO Box 7

Lawrence, KS 66044

For questions or assistance with the application process, please contact us at 785-842-0729 or kathrine@ballardcenter.org.

2025 Federal Poverty Level Annual Rate

Family	100%	120%	140%	150%	160%	180%	200%	220%	240%
Size	FPL	FPL	FPL						
1	\$15,650	\$18,780	\$21,910	\$23,475	\$25,040	\$28,170	\$31,300	\$34,430	\$37,560
2	\$21,150	\$25,380	\$29,610	\$31,725	\$33,840	\$38,070	\$42,300	\$46,470	\$50,760
3	\$25,650	\$30,780	\$35,910	\$38,475	\$41,040	\$46,170	\$51,300	\$56,430	\$61,560
4	\$32,150	\$38,580	\$45,010	\$48,225	\$51,440	\$57,870	\$64,300	\$70,730	\$77,160
5	\$37,650	\$45,180	\$52,710	\$56,475	\$60,240	\$67,770	\$75,300	\$82,830	\$90,360
6	\$43,150	\$51,780	\$60,410	\$64,725	\$69,040	\$77,670	\$86,300	\$94,930	\$103,560
7	\$48,700	\$58,440	\$68,180	\$73,050	\$77,920	\$87,660	\$97,400	\$107,140	\$116,880
8	\$54,250	\$65,100	\$75,950	\$81,375	\$86,800	\$97,650	\$108,500	\$119,350	\$130,200