



BASCOL “Helping Hands” Scholarship

BASCOL is the premier before and after school child care program serving grades K-6th in Central New York! Since 1992, BASCOL’s 17 locations now reach both Onondaga and Oswego counties. As a not-for-profit organization, we are focused on providing superior child care with convenient school sites, qualified professionals, and planned activities designed to promote fun and encourage each child to grow to their fullest potential.

BASCOL is here to serve families of all backgrounds, abilities and incomes with before and after school childcare programs. BASCOL is community based and believes that its programs and services should be available to everyone. Our scholarship program provides the means to help working families who have extenuating circumstances with their child care needs.

BASCOL offers a 50% scholarship to working families in need of additional financial assistance. The scholarship application process opens April 1st for the following summer and fall semester. Scholarships will be reviewed as they are received and awarded accordingly. BASCOL reserves the right to close the scholarship application process when funds are fully expended.

Scholarships are determined by eligibility and verified by supporting documentation. This process ensures our scholarship program is impartial and consistent.

Eligibility

- **Children must be enrolled in the BASCOL program for a minimum of 2 days per week (either before, after or both)**
- **Parents/Guardians must reside in the county in which their children attend school**
- **One child/scholarship per household**
- **Parents/Guardians cannot be eligible for government child care subsidies (DSS, Jobs Plus, etc.)**
- **The scholarship is only available for working parents/guardians during their work hours**
- **The scholarship must be applied for annually starting April 1st**

Application process

Fill out the application and mail it or drop it off at the BASCOL office.

Attach all requested verification documents and employer statement.

The BASCOL Finance Department will notify you concerning your eligibility.

Upon acceptance of the scholarship, the parent/guardian must sign a statement of responsibilities.



BASCOL Scholarship Application

Parent/Guardian name

Address

Address

City, State, Zip code

County

Child's name

Child's age/date of birth

Number of household

Adults

Children

Phone number

Home/cell

Work

Email

Session Applying For

Summer

Tentative # of weeks & days needed

Fall

Circle: AM PM AMPM

of days per week

Employment information

Employer #1

Address

Address

City, State, Zip code

Phone Number

Supervisor name

Employer #2

Address

Address

City, State, Zip code

Phone Number

Supervisor name

Income verification**Monthly income amounts**

Gross wages family member #1
Gross wages family member #2
Gross wages family member #3
Unemployment benefits
Workers compensation benefits
Food stamps
Child support
Social Security
Alimony
Pension/Annuities
Other income (describe)
Other income (describe)
Other income (describe)

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

Attachments required

8 weeks of paystubs for each gross wage listed
Pay verification from employer
2022 Tax Return

BASCOL Scholarship Eligibility Worksheet

Am I eligible?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	My child lives in Onondaga or Oswego County
<input type="checkbox"/> Yes	<input type="checkbox"/> No	There is a BASCOL program at the school my child attends (not applicable for summer)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I am NOT eligible for government subsidies for child care
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I am a working parent with financial needs (see chart below)

If your family gross income falls within the minimum and maximum below you are eligible for the BASCOL scholarship

If your family gross income is below the Minimum gross income you are not eligible for the BASCOL scholarship but may be eligible for subsidies from the day care unit of the County Department of Social Service

2023 SUMMER PROGRAM QUALIFICATIONS

Family size	Minimum gross income	Maximum gross income
2	\$59,160	\$74,580
3	\$74,580	\$90,000
4	\$90,000	\$105,420
5	\$105,420	\$120,840
6	\$120,840	\$136,260
7	\$136,260	\$151,680
8	\$151,680	\$167,100

I am eligible!

<input type="checkbox"/>	I have filled out the BASCOL application
<input type="checkbox"/>	I have obtained the following supporting documentation:
<input type="checkbox"/>	8 weeks of paystubs for each gross wage listed in the income verification section of the application
<input type="checkbox"/>	Tax return for the previous fiscal year
<input type="checkbox"/>	Employer pay verification form
<input type="checkbox"/>	I have handed in all applicable forms to the BASCOL office at the address below

BASCOL office Scholarship Program contact:

BASCOL, Inc.

Attn: Carlee Stewart, Chief Financial Officer

4610 Wetzel Road

Liverpool, NY 13090

315 622-4815

cstewart@bascol.org

BASCOL Scholarship Employer Verification Worksheet - page 1

To be completed by Employer

Employee name

Date employment began

Position held by employee

Employer's name

Employee's supervisor

Supervisor phone/email address

Employee payrate

Gross pay for the last 8 weeks:

week #	Gross Wages	Tips/Bonus	Commission	Day of the week	Work schedule	
					In	Out
1						
2				Sunday		
3				Monday		
4				Tuesday		
5				Wednesday		
6				Thursday		
7				Friday		
8				Saturday		

If the employee does not work a regularly scheduled workweek please just put varied.

Employer verification statement:

I, _____ (please print)

have filled out the above verification information to the best of my ability.

I have no conflict of interest with the above named employee.

_____ (please sign)

_____ (date)

BASCOL Scholarship Employer Verification Worksheet - page 2

To be completed by Employer only if employee works a varied schedule.

If employee works the same schedule every week please complete the table on the first page.

1. Please fill in the dates and times the employee has worked in the last 6 weeks.
2. Please indicate AM or PM hours.
3. Put an X on the days the employee did not work.

[illegible]

BASCOL Scholarship Parent/Guardian Statement of Responsibilities

Upon signing of this statement of scholarship acceptance, I understand the following:

The BASCOL Scholarship is a 50% discount for tuition for my child:

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The scholarship does not cover the following fees and I am responsible should they apply to my child:

Last week of school

Half days

Full days (except summer)

Snow days

Early dismissal days

Field trips

T Shirt for summer field trips

Late fees (pick up, payment, sign up)

Registration Fees

I agree to report any and all changes as they apply to the following:

Work schedule changes

Pay rate changes

Members of my household

Failure to report changes may result in immediate loss of the scholarship

Non payment of my financial responsibility to BASCOL for my portion of the fees may result in loss of the scholarship

The scholarship is non-transferable and must be applied for annually

School at which scholarship was awarded:

Summer/School year to which the scholarship applies:

Parent/Guardian name

Print

Sign

Date

BASCOL Representative:

Sign

Date
