



BASCOL “Helping Hands” Scholarship

BASCOL’s mission is to provide convenient, quality NYS licensed before and after school child care on location with engaging activities for children in grades K through 6th. BASCOL has been providing quality licensed child care to the Syracuse and Central New York areas since 1992. BASCOL’s 19 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 or email to cstewart@bascol.org

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 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

2022 SUMMER PROGRAM QUALIFICATIONS

Family size	Minimum gross income	Maximum gross income
2	\$36,620	\$46,060
3	\$46,060	\$55,500
4	\$55,500	\$64,940
5	\$64,940	\$74,380
6	\$74,380	\$83,820
7	\$83,820	\$93,260
8	\$93,260	\$102,700

2022-2023 FALL PROGRAM QUALIFICATIONS

Family size	Minimum gross income	Maximum gross income
2	\$54,930	\$69,090
3	\$69,090	\$83,250
4	\$83,250	\$97,410
5	\$97,410	\$111,570
6	\$111,570	\$125,730
7	\$125,730	\$139,890
8	\$139,890	\$149,330

***Starting August 1 the income guidelines will be updated for state subsidies, therefore the BASCOL scholarship will be updated to reflect the change.**

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 Application

Parent/Guardian name

Address

Address

City, State, Zip code

County

Child's name

Child's age/date of birth

Number of household Adults	<input type="text"/>	Children	<input type="text"/>
Phone number Home/cell	<input type="text"/>	Work	<input type="text"/>
Email	<input type="text"/>		

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)**

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Attachments required

- 8 weeks of paystubs for each gross wage listed**
- Pay verification from employer**
- 2021 Tax Return**

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)

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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 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 (except summer)
- 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:

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Summer/School year to which the scholarship applies:

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Parent/Guardian name

Print

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Sign

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Date

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BASCOL Representative:

Sign

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Date

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