

APPLICATION INSTRUCTIONS:

- ♦ Complete this application or online at northstarfoundation.com
- ♦ **EMPLOYEE:** Attach an employer verification with start date and indicate if employment is full-time or part-time
- ♦ **STUDENT:** Attach a copy of the letter of acceptance or school schedule
- ♦ Attach a rate schedule or note from the licensed childcare provider
- ♦ Attach comments sharing how this grant will positively impact your family if awarded to you
- ♦ Email your application with attachments to cci@MyMeridianTrust.com or mail to:

North Star Foundation
 Childcare Initiative
 PO Box 548
 Cheyenne, WY 82003

Name of Applicant: _____ **Date of Application:** _____

Address: _____
Street City State Zip

Phone: _____ **Email:** _____

Total Amount Requested: \$ _____

- Full-Time Childcare _____ (# of children in childcare)
- Part-Time Childcare _____ (# of children in childcare)



2024 Annual Household Income (please check one):

- Up to \$40,000
- \$40,000 - \$65,000
- Above \$65,000

Licensed Childcare Provider Name: _____
(please attach a rate schedule or note from provider)

- Did your child(ren) just enroll in childcare? Yes No
- Are you related to the childcare provider? Yes No

<p><i>(choose one)</i> EMPLOYMENT</p> <p>Employer: _____</p> <p>Start Date: _____</p> <p>Check One: FT ____ PT ____ <i>(please attach statement from employer)</i></p>	<p>STUDENT</p> <p>College/School: _____</p> <p>Start Date: _____</p> <p>Check One: FT ____ PT ____ <i>(please attach letter of acceptance/class schedule)</i></p>
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I hereby certify that all of the information provided is correct, accurate and complete. Any misrepresentation or misinformation supplied could constitute immediate return of all grant money and forfeiture of eligibility in the program. North Star Foundation's ability to fund the program is dependent upon financial support and donations made to the Foundation. Consideration for requests is heavily weighted on income and need. I understand the submission of an application does not guarantee grant funding.

Applicant Signature _____ **Date** _____