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**Soroptimist International of Sonoma Valley**

**Si-sonomavalley.org**

**707-732-4239**

**Must not have received a previous award**

**This childcare program provides direct financial support to women and their families,**

**aiding in the enhancement of their education, skills, and employment opportunities.**

 **To qualify, applicants must be pursuing further education or training.**

**Examples are:**

**Job Training**

**Second language classes**

**Citizenship classes**

**Childcare health program**

**Self-improvement classes or training**

**GED**

**Trading school**

**Junior College**

**College/university**

**Childcare Assistance Application Period: August 1 - November 15.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(1) Is paying for childcare expenses a problem for you in getting(5) more education and/or training for a better job?

 Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

(2) Are you currently enrolled in school or training: Yes\_\_\_\_ No\_\_\_\_\_\_

 Name of school or job training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Area of education or training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) Are you currently working? Yes\_\_\_\_ No\_\_\_\_\_\_

 If yes, what type of job?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(4) Number and ages of children who need childcare:

 How many of your children need childcare\_\_\_\_\_\_\_\_

 What are the ages of children needing childcare?

 0 - 4 years old \_\_\_\_\_\_

 5 - 10 years old \_\_\_\_\_\_

 10 - 16 years old \_\_\_\_\_\_

(5) Please describe how the childcare grant will help you improve life for you and your family.

**APPLICATION DEADLINE IS November 15,**

**You must come to the award ceremony to receive your award.**

**For assistance in completing this form please contact Soroptimist International of Sonoma Valley**

**SISV email** **soroptimistsonoma@gmail.com**

**Phone 707-732-4239, PO Box 949, Sonoma, CA 95476.**