

## Early Learning Scholarship Family Update Form

Use this Family Update Form to make an update to your Early Learning Scholarship – Pathway I or Pathway II Application or Renewal Form. This form can only be used if at least one child in the family has already been awarded a scholarship. Items with an asterisk (\*) are required. Submit the completed Family Update Form to your Area Administrator or Pathway II program.

### For Administrator Use Only: Currently Awarded Child Details

This section must be filled out by the **Area Administrator** or **Pathway II program** who awarded the original child's scholarship.

Currently Awarded Child's Legal Name: \_\_\_\_\_  
First Middle Last

Child's Date of Birth: \_\_\_\_\_ Child's Program: \_\_\_\_\_

Parent/Guardian's Legal Name: \_\_\_\_\_  
First Middle Last

Relationship to child: Parent Legal Guardian (appointed by the court) Other: \_\_\_\_\_

### Requested Updates by the Family

Check all that apply.

Update my living situation.

Change of parent/guardian.

Add a sibling that was not originally included on the Early Learning Scholarship Application/Renewal Form.

### Living Situation

Complete this section only if your family has experienced any of the following living situations within the last 24 months. Skip this section if these living situations do not apply to your family.

Has your family experienced any of the following living situations at any point in the last 24 months (including now) due to economic hardship or loss of housing? *Check any that apply.*

Doubling up temporarily with other family or friends

Shelter

Moving from place to place

Hotel, motel, or trailer

Car, outside, or public space

### Change of Parent/Guardian

Complete this section only if you are updating the parent/legal guardian for a child's scholarship. Skip this section if the parent/guardian is staying the same.

\*Parent/Guardian's Legal Name: \_\_\_\_\_  
First Middle Last

\*Resident Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_ County: \_\_\_\_\_

\*Relationship to child: Parent Legal Guardian (appointed by the court) Other: \_\_\_\_\_

Date of Birth (\*required only if parent is under 21): \_\_\_\_\_  
MM/DD/YYYY

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address (If different from resident address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

## Add New Siblings

Complete this section only if you are adding siblings that were not originally included on the original Early Learning Scholarship – Pathway I or Pathway II Application or Renewal Form. If you are adding more than three children, photocopy this page and attach the additional sheets to the Family Update Form.

### Additional Child 1

\*Child's Legal Name: \_\_\_\_\_  
*First Middle Last*

\*Child's Date of Birth: \_\_\_\_\_  
*MM/DD/YYYY*

\*Child's Gender (*check one*):      Male      Female

Is this child in Foster Care?:      Yes      No

Ethnicity (*check one*):      Hispanic/Latino      Not Hispanic/Latino

Race (*check all that apply*):      American Indian or Alaskan Native      Asian      Black or African American  
Pacific Islander or Native Hawaiian      White

Has this child received an Early Childhood Screening?      Yes      No

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Name the preschool, Head Start or child care program where you plan to use a scholarship. *Leave blank if unknown.*

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

Is your child currently attending this program?      Yes      No      Not Applicable

### Additional Child 2

\*Child's Legal Name: \_\_\_\_\_  
*First Middle Last*

\*Child's Date of Birth: \_\_\_\_\_  
*MM/DD/YYYY*

\*Child's Gender (*check one*):      Male      Female

Is this child in Foster Care?:      Yes      No

Ethnicity (*check one*):      Hispanic/Latino      Not Hispanic/Latino

Race (*check all that apply*):      American Indian or Alaskan Native      Asian      Black or African American  
Pacific Islander or Native Hawaiian      White

Has this child received an Early Childhood Screening?      Yes      No

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Name the preschool, Head Start or child care program where you plan to use a scholarship. *Leave blank if unknown.*

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

Is your child currently attending this program?      Yes      No      Not Applicable

## Parent/Guardian Signature

I verify that I am the parent or legal guardian, and all information on this Family Update Form is true. I understand that all other information provided in my original Early Learning Scholarship – Pathway I or II Application or Renewal Form applies to this Family Update Form.

\*Parent/Guardian's Legal Name: \_\_\_\_\_  
*First Middle Last*

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_  
*MM/DD/YYYY*