



Grant Application

Application Instructions

Hearts At Home Grant Program is a project of Valley Oak Family Wellness, a private ministerial association. By applying for a grant you are agreeing to become a member of Valley Oak Family Wellness. There is no fee to be a member.

Please fill out all sections of this application.

Submit completed application and COPIES of the documentation specified in #10 below by mail to: **Valley Oak Family Wellness, 1198 Melody Lane, suite 103, Roseville, CA 95678**. Applications and paperwork can also be faxed to 888-246-7889. Please do not email applications or documents.

Application window for fall award is June 1 thru July 15. Application window for winter award is Oct 1 thru Nov 15. Complete applications must be postmarked by the last day of the application window.

Late applications: Late applications will not be considered. Applicants must apply again in the next application window to be considered for the next award date. Please do not submit applications early - please submit during the application window only.

Note: for 2021 winter awards the application deadline has been extended to Nov 30.

1. Applicant Name (Last, First)	Phone
_____	_____
Address	

Email	Employment
_____	<input type="radio"/> Not employed
	<input type="radio"/> Employed
	<input type="radio"/> Self-employed
Occupation	Salary/income per month (all sources)
_____	_____
Do you own or rent	Monthly rent/mortgage payment
<input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Other	_____
Are you	
<input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Single <input type="radio"/> Co-habiting	

If married or co-habiting please use this space to provide name, phone, occupation, and monthly salary of partner.

Your relationship to the homeschooling child(ren)

Total number of children in the home

2. Child's first name

Child's age

Child's grade

How long homeschooled?

Does this child have special needs?

Yes No

3. If additional children please list, use back of form if more room is needed. List only those children who are homeschooling (K-12) AND are age 6-18 by Sept 1st of current year.

	Child's first name	Child's grade	How long homeschooled?	Does this child have special needs?
Child #2				yes
Child #3				
Child #4				
Child #5				

4. Please provide us with a description of your homeschooling approach you have used and plan to use going forward. For example describe the following: type of curriculum used, classes taken outside of the home, homeschooling method/philosophy, etc.

5. Please give us your wishlist for CURRICULUM (books, textbooks, workbooks, manipulatives) and/or SUPPLIES (paper, art/craft supplies, pens, pencils, rulers, calculators, binders, etc) with as much detail as possible. This is for curriculum and supplies only. For classes see next question. Please list in order of priority. If you receive a grant you will have the opportunity to finalize this list. Grant does not cover devices such as computers, laptops, tablets or phones. However a one-time printer purchase may be made with grant funds. Please note: we occasionally find wishlist items available in used condition and we may ask families who are awarded a grant if they would like a used item. Purchasing used items can help your grant award to stretch further. Please note: Valley Oak Family Wellness will not be held liable for any lost or damaged goods, nor for any damage(s) resulting from use of materials, class participation, or services.

	Item publisher/brand	Name of item	Website if applicable	Approx price per item	Quantity desired
Item #1					
Item #2					
Item #3					
Item #4					
Item #5					
Item #6					
Item #7					
Item #8					
Item #9					
Item #10					

6. Please give us your wishlist for face-to-face classes or online classes. For online classes: one online class per student, grade 7 and above only. Please note: many vendors require a separate registration fee in addition to the class fee. If you are requesting assistance with registration fee please indicate under "class name". Please list in order of priority. If you receive a grant you will have the opportunity to finalize this list. If you are requesting a service such as tutoring or special services please add any pertinent details in area below.

	Class Name	Vendor/website	Fee	Please indicate child	Class start & end date
Class 1					
Class 2					
Class 3					
Class 4					

7. Please read through the material on the "Homeschool" page at www.valleyoakfamily.org, and try the budgeting tool. Next please use this space to write a short summary of the information you found helpful, including any budgeting strategies you plan to use.

8. Is there anything else you would like to let us know about your families circumstances or anything else you think would be pertinent to this application?

9. Please sign and date below to acknowledge that 1.the information provided herein is true and accurate and 2.you agree to become a member of Valley Oak Family Wellness, a private ministerial association, and that 3. you understand that this and any other project of Valley Oak Family Wellness is for members only.

10. Please ensure you have included the following with this application (copies only, do not send originals):

- Completed application
- Photo ID of applicant
- Proof of age(s) of all listed homeschooling children such as copies of birth certs or passports
- Proof of all income such as first two pages of 1040 for all wage-earners in the home, proof of child-support, alimony, etc.
- Proof of homeschooling such as copy of PSA, certified withdrawal letter to the previous school, or PEA filing paperwork.
- Proof of residence: utility bill, water bill, rental contract, etc.
- Proof of special needs diagnosis if applicable
- Proof of government assistance if applicable (WIC, Medi-Cal, etc)