



The Shannon and Maggie June Hubbard Charitable Fund Childcare and Preschool Support Application

Our Mission: We envision a world where no family is left without the resources and support to provide their children with a strong start. By providing financial aid and advocacy, we honor Shannon and Maggie's legacy and help families build a brighter future.

All Moms Are Heroes was founded in honor of Shannon Hubbard and her daughter, Maggie. Shannon was a devoted mother, passionate teacher, and fierce advocate for early childhood education. Inspired by her dedication, this fund helps families who earn too much to qualify for traditional assistance yet struggle with the high cost of childcare and preschool. These families – often called the “missing middle” – are working hard to provide for their children but find themselves stretched too thin to save or get ahead. We believe that no family should have to choose between financial stability and quality care for their children. By supporting these families, we carry forward Shannon's vision: ensuring that all children, regardless of financial barriers, have access to the strong foundation they deserve.

Program Information

The Shannon and Maggie June Hubbard support program is available to Cape Cod residents as follows:

- The Program provides tuition payments to a licensed preschool/childcare provider of the parent's or guardian's choice. For the purposes of this program, an eligible applicant is a Cape Cod (Barnstable County, MA) resident who is the parent or legal guardian of a child who will, on or before August 31, 2026, be under three years of age.
- Scholarships will be paid directly to the institution.
- Parents with a Massachusetts state childcare voucher or are in the [Child Care Financial Assistance Program](#) are not eligible for the scholarship.
- Information collected for the application and program will be kept confidential to the extent permitted by law.



To apply for the program, please submit:

- Completed and signed application.
- Copy of child's birth certificate OR child's valid passport (please do not send the original).
- Copy of parent's or guardian's photo identification.
- A copy of the first two pages *only* of 2025 Form 1040 or 1040 EZ tax return.
- One of the following:
 - Real Estate Tax bill in name of parent/guardian, or
 - Lease for property in name of the parent/guardian, or
 - Utility Bill in parent/guardian's name at address, dated within the last sixty (60) days, or
 - Excise Tax Bill for the current year in parent/guardian's name.
- Answers to the following questions using an attachment.
 1. Why are you applying for this scholarship?
 2. Please describe any details about your family's present financial situation that provide a clear indication of your family's needs.



A. Parent or Guardian Information

Name of Parent(s) or Guardian(s):

Residential Address:

Town/City: _____

State: _____ Zip _____

Rental Home? Yes No

Mailing address (if different):

Town/City: _____ State: _____ Zip _____

Phone: _____ Mobile? Yes No

E-mail: _____



B. Demographic and Income Documentation

Household Size (# of Persons): _____ Approximate Household Annual Income: \$ _____
Monthly Childcare Expenses: \$ _____

Please provide current employment information for each parent/guardian in the household, including all jobs held over the year. If additional space is required, please use the back of the page or attach additional pages.

Parent/Guardian 1: Employed Not Employed (Circle One)

Employment/Job Type: _____

Job Location (Town): _____

Sector/Industry (i.e. Education, Health Care, First Responder, Hospitality, etc.)

Is this position full-time, part-time, seasonal? (Circle One)

Weekly income _____ Hours worked per week _____

Work Telephone _____

Parent/Guardian 2: Employed Not Employed

Employment/Job Type: _____ Job Location (Town): _____
Sector/Industry (i.e. Education, Health Care, First Responder, Hospitality, etc.) _____

Is this position full-time, part-time, seasonal? (Circle One)

Weekly income _____ Hours worked per week _____

Work Telephone _____



C. Participant Information

Child #1

Name _____

Age _____

Providers Name _____ Address _____

Days and Hours of Care: M_____ T_____ W_____ TH_____ F_____

Cost of care monthly/weekly (circle one): _____

Date of Service: Start _____ End _____

Child #2

Name _____

Age _____

Providers Name _____ Address _____

Days and Hours of Care: M_____ T_____ W_____ TH_____ F_____

Cost of care monthly/weekly (circle one): _____

Date of Service: Start _____ End _____

Child #3

Name _____

Age _____

Providers Name _____ Address _____

Days and Hours of Care: M_____ T_____ W_____ TH_____ F_____

Cost of care monthly/weekly (circle one): _____

Date of Service: Start _____ End _____



D. Provider Information (fill out of each child if they attend different facilities)

Child #1

Name of licensed preschool/child care provider where child is enrolled:

License #: _____

Licensed Provider Address:

Town/City: _____ State: _____ Zip: _____

Licensed Provider Contact Information:

Name:

Phone: _____

E-mail: _____

Child # 2 Same as Child #1? Yes No

Name of licensed preschool/child care provider where child is enrolled:

License #: _____

Licensed Provider Address:

Town/City: _____ State: _____ Zip: _____

Licensed Provider Contact Information:

Name:

Phone: _____

E-mail: _____

Child # 3 Same as Child #1? Yes No

Name of licensed preschool/child care provider where child is enrolled:

License #: _____

Licensed Provider Address:

Town/City: _____ State: _____ Zip: _____

Licensed Provider Contact Information:

Name:

Phone: _____

E-mail: _____



I, _____, hereby swear and confirm, under the penalties of perjury, that
all the information provided above is true and accurate, and, further, that:

1. The grant funds requested are for uses consistent with the providing childcare support for my dependent children only
2. I am the parent or legal guardian of the child(ren) named above;
3. I am using a licensed provider for preschool or childcare purposes;
4. I am required to and will notify the committee forthwith if the number of hours per day or days per week that I use the licensed provider changes or if the use terminates altogether

I expressly and without limitation confirm my understanding that the grand funds for which I am applying will not be paid to me directly, at any time, and will, instead, be paid directly to the licensed preschool or childcare provider.

Name of parent or guardian

Signature of parent or guardian

Date