

**INFANT TODDLER FAMILY DAY CARE SCHOLARSHIP PROGRAM
CONFIDENTIAL APPLICATION**

Date: _____ Initial Application: _____
Recertification: _____

Parent(s) (Residing in Home)

Parent #1 Name: _____ Parent #2 Name: _____

Address: _____

City _____ Zip Code: _____

Home Phone: _____

Parent #1 Email _____ Parent #2 Email _____

Parent Number 1 Employer: _____ Work Phone: _____

Parent Number 2 Employer _____ Work Phone: _____

Parent Number 1 Work Hours: _____ (AM) _____ (PM)

Parent Number 2 Work Hours _____ (AM) _____ (PM)

Children in Family

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Others living in the home: _____

Name _____ Relationship _____

Eligibility Criteria

Family Size _____ Income \$ _____ Annual _____ Monthly _____ Weekly _____

Disclosure of family relationship to the early child care educator is required: (spouse, child, parents, grandchild, aunt, uncle) _____

Briefly explain your reasons for applying for a scholarship, with emphasis on your financial situation and needs of your child(ren). If more room is needed, use the back of this application.

I certify that the above statements are true.

Signature: _____