

FINANCIAL INFORMATION:

What is your current annual household income?

Less than \$5,000 \$10,000 - \$15,000 \$20,000 - \$25,000
 \$5,000 - \$10,000 \$15,000 - \$20,000 \$25,000 - or more

Current Employment:

Full-time Part-time
 Not employed, looking for work Not employed, not looking for work
 Full-time student Dislocated worker
 Other - please explain

Name of Employer: _____

Address of Employer: _____

CHILD CARE PROVIDER INFORMATION:

Total number of dependents served with child care: ____ Is the child care provider licensed? ____ Yes ____ No

Name of Child Care Provider: _____ Phone Number: _____

Address of Provider: _____

Are you satisfied with your current child care arrangements? Yes No

If not, why?

Please explain how this scholarship will assist you in reaching your college goals:

Total Cost of Child Care Weekly: \$ _____

Are you receiving financial assistance from any other source? _____ Yes* _____ No

Are you receiving child care assistance from an agency or other sources? _____ Yes* _____ No

(*If yes please provide the following information)

Source	Type of Support i.e. tuition, transportation, childcare, living expenses	Award Total/Weekly
1.		/
2.		/
3.		/
4.		/
5.		/
		Total \$

NOTE: Child care assistance can be paid to you only while you are a student in good standing within the institution including, but not limited to satisfactory academic progress.

I attest that all the information provided herein is true and accurate, that I need financial assistance to pay for my child care expenses, and that my child care provider does not live in my household. In signing this form, I also agree to immediately notify the Financial Aid Office if I drop/withdraw from a course.

(Student Signature)

Date