

Linworth Childrens Center Scholarship Application

Childs Name: _____ **Date:** _____

Class of Interest: _____

Parent/Guardian Names: _____

Address: _____

Phone Number(s): _____

How many individuals in your household: Adult(s) _____

Children(s) _____

1. Tell us about the household finances:

Have you or the people in your household received, or expect to receive income this month?

- No
- Yes- if yes please complete the table below. Include any self-employment and off jobs:

Name Date Last Received	Employer	How Often Received	Income Amount
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Did anyone in your household leave or lose a job in the last 60 days?

- No
- Yes- if yes who, when, and for what reason:

1. Tell us about the applicant's household expenses:

- Child/Dependent Care Cost (est. amount paid per month)
\$ _____
- Rent/Mortgage Cost: \$ _____

2. Tell us why you are applying for a scholarship:

3. _____

4. Days/hours childcare is needed:

I attest that the information contained in this document is correct to the best of my knowledge. I understand that if I receive financial assistance from LCC I will be required to volunteer at a minimum of 3 hours at an LCC event during the term of the assistance.

Signature

Date

Signature

Date

Please attach copies of the following documents to this application. These must be attached in order for the Financial Assistance Committee to consider your application.

Last two W-2s or tax returns (for all income earners)

Paycheck stub (for all income earners)

Office Use Only:

Monthly Tuition _____

Family's Monthly Payment _____

Financial Assistance Amount _____

Approved:

LCC Financial Assistance Committee

_____ Date

Representative

Denied:

LCC Financial Assistance Committee

_____ Date

Representative

Reason for denial: