## EMU CHILDREN'S INSTITUTE APPLICATION FOR CHILD CARE LINCOLN SCHOLARSHIP

INSTRUCTIONS: Please print the information requested below. If the information requested does not apply to you, please respond with the letters N/A (Not Applicable). Providing your Social Security Number (SSN) is voluntary. However, if you do provide it, the SSN may be used to establish identity and for tracking and reporting purposes.

SECTION 1 – APPI	LICAN	NT INF	FORMATIC	N:								
Full Name of Applicant (last, First, Middle)			Former/Maiden Name					Birth Date				
Address (Number & Street, Apt. No.)				Social Security Number					Home Phone Number			
City, State, Zip Code				County					Work Phone Number			
Marital Status:  NEVER MARRIED  MARRIED  SEPARATED  DIVORCED  WIDOWED				Racial ethnic identity of your child(ren): (Answer is voluntary)  WHITE, not of Hispanic origin BLACK, not of Hispanic origin AMERICAN INDIAN OR ALASKAN NATIVE ASIAN OR PACIFIC ISLANDER HISPANIC MULTIRACIAL					The application deadline for the Lincoln Scholarship is usually awarded Winter Semesters.  Income Documentation: All income must be documented with documentation proof.			
SECTION 2 – LIST <b>ALL</b> PERSONS ( Yourself, First) <b>LIVING IN YOUR HOME</b> : (Attach Addition Sheet if Needed)												
Name Date		Date of Birth	,	M/F			Relation To You		Social Security Number			
							SELF	7				
SECTION 3 – INFORMATION ABOUT ALL PERSONS WITH INCOME LIVING IN YOUR HOME: (Include Yourself)												
Names of Household Your Name: Members →			Other:			Other:			Other			
LIST BELOW TH	E GRO	SS AM	OUNT AND H	HOW OFT	EN INC	OME IS RE	CEIVE	D BY YOURSE	LF AND OTHER	HOUSEHOLD	MEMBERS.	
INCOME TYPE	Amo	ount	How Ofte	n Am	ount	How Oft	en	Amount	How Often	Amount	How Often	
1. Employment/ Self Employment												
2. DHHS												
3. Veterans Benefits												
4. Workers Compensation												
5. Disability Benefits												

Child Support

	T	TT 05	Τ	TT 00	T	TT 00	Ι	TT 00		
INCOME TYPE	Amount	How Often	Amount	How Often	Amount	How Often	Amount	How Often		
7. Child Care Network										
8. Education Grants or Loans										
9. Housing Assistance										
10. Other										
SECTION 4 – OTHER if you wish to apply under any special hardships conditions, (unusually high medical expenses, disaster or casualty losses, etc.) please complete the application and describe the nature of your hardship here:										
CERTIFICATION BY APPLICANT:										
The parent/guardian certifies that all information in this application, and all information furnished in support of this application, is given for the purposes of obtaining child care financial assistance through the Children's Institute. The information provided is true and complete to the best of the parent/guardian's knowledge and belief. Any false statement or omission of information from this application is grounds for denial or revocation of the scholarship awarded.										
This application must be completed and returned to 1055 Cornell, Fletcher Building by the deadline. Your application will not be processed if you do not include all of the required documentation by the deadline. It is your responsibility to include all proofs of income and race/ethnic designation or individual with handicap documentation, if needed. No processing will occur until Department Officials have verified the information on this application.										
Applicant Signature: Date:										
			FOR (	OFFICE USE ON	JLY					
APPROVED:   COMMENTS:										
DENIED:										
LETTER:   RENEWAL:   DATE: AWARD AMOUNT:										