

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 ONLY	
APPROVED: <input type="checkbox"/>	COMMENTS: _____
DENIED: <input type="checkbox"/>	_____
LETTER: <input type="checkbox"/>	ENTERED: <input type="checkbox"/> NEW: <input type="checkbox"/> RENEWAL: <input type="checkbox"/> DATE: _____ AWARD AMOUNT: _____