



SCHOLARSHIP APPLICATION

Applicant's Name: _____

Address: _____

Primary Telephone: _____ Work Phone: _____

Name of Elementary School child/children attend or will attend based on current residence:

Family Members:

Name	Relationship	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

Place of Employment/Training	Hours/week	Monthly Gross Income
_____	_____	_____
_____	_____	_____

Other Sources of Income	Monthly Amount
_____	_____
_____	_____

Additional information about income/employment/household

Other Household Members _____ (Please List names and relationships below)

_____	_____
_____	_____
_____	_____

Reason for Requesting Scholarship

CCW Subsidy Eligible _____ Date on Waiting List _____ Family Fee: _____/week

Have you received subsidy through the CCIS in the past? _____

If so, when and why did your funding end?

Maximum amount family can afford to pay _____

Are children receiving service now? _____ Where? _____ Total family fee _____

Name of LVCC Center child is or will be attending _____

Center Director _____ Requested Start Date _____

Child(ren) needing scholarship _____

Name	Birthdate	Tuition Fee
_____	_____	_____
_____	_____	_____

Scholarship Award Criteria is as follows:

- **Priority One** Parenting Teen returning to school in pursuit of high school diploma (parent is required to apply for Child Care Works subsidy within two weeks of Submission of scholarship application)
- **Priority Two** Parent/Guardian eligible for Child Care Works funding who has completed the application process and can provide documentation of eligibility and waiting list status for Child Care Works subsidy
- **Priority Three** Parent/Guardian who has recently started a job but is in the process of applying for Child Care Works subsidy (parent is required to apply for Child Care Works subsidy and must submit documentation of eligibility and waiting list status within two weeks of submission of scholarship application)
- **Priority Four** Families ineligible for any type of subsidy but experiencing severe financial difficulties (i.e. sudden illness and medical expenses, life changing experience that cause unexpected financial burden)
- **Priority Five** Families eligible for preschool/pre-K scholarship program and families of infants or toddlers living in the catchment area of a United Way priority school.

I am requesting scholarship assistance from Lehigh Valley Children’s Centers. I have submitted verification of family income and work/training status. I have reported complete and true information and will report any change in this information immediately. I understand that my application will not be reviewed until all applicable documentation has been supplied. I understand the scholarship award priorities.

Documentation Attached (check all that apply):

CCW Waiting List Letter

Employer Letter (listing work schedule)

Three recent, consecutive pay stubs

Confirmation of School Enrollment

Signature of Applicant – 1

Date

Signature of Applicant – 2

Date

LVCC Representative

Date