

BUNCOMBE STREET CHILD DEVELOPMENT CENTER

APPLICATION FOR SCHOLARSHIP ASSISTANCE

Date: _____

1. STUDENT INFORMATION

Name		Birth Date	
Address			
Phone #		Previous Day Care Attended	

2. REQUESTED SCHOLARSHIP TERM (circle one)

FULL TIME
(Birth – 4K)

SUMMER CAMP

AFTERSCHOOL

REQUESTED START DATE: _____

3. GUARDIAN INFORMATION: Please list information for all legal guardians of the student

Guardian Name		Relationship to Child	
Address		Phone #	
Occupation		Employer	
Employer Address			
Employer Phone			
Highest Education Level Completed	High School	Technical School	College

Guardian Name		Relationship to Child	
Address		Phone #	
Occupation		Employer	
Employer Address			
Employer Phone			
Highest Education Level Completed	High School	Technical School	College

4. OTHER INFORMATION

Marital Status						
Married	Divorced	Single	Widowed			

Names of other persons living with you

Name	Age	Relationship to Student

BUNCOMBE STREET CHILD DEVELOPMENT CENTER

5. MONTHLY EXPENSES

Expense	\$ Amount	Expense	\$ Amount	Expense	\$ Amount
Rent / Mortgage		Insurance		Credit Cards	
Food		Child Care		Medical Expenses	
Utilities		Car Payments		Miscellaneous	
Phone		Other Loans		Entertainment	

6. CURRENT ASSISTANCE

Please list the dollar amount of financial assistance you currently receive, if applicable.

Type of Assistance	Assistance Amount (\$ per month)	Name of Church, Agency, Organization, or Individual Providing Assistance	Contact Name and Phone Number for Assistance Provider
Current BSCDC Scholarship?			
Child Support?			
Rent Supplement?			
Utilities Assistance?			
Food Stamps?			
Child Care Assistance?			
Any other assistance?			

7. PROOF OF INCOME

- Please supply copies of at least two months of pay stubs from both guardians (if applicable)
- Please supply copies of W2 forms from both guardians (if applicable)
- Please supply documented information from a social worker confirming any public assistance (if applicable)

8. PERSONAL REFERENCES

List three people not related to you that can verify the above given information and your need for scholarship assistance.

Name	Address	Phone

BUNCOMBE STREET CHILD DEVELOPMENT CENTER

9. REASON FOR SCHOLARSHIP NEED

Please use the space provided below to state your specific reason(s) for needing a scholarship. Attach additional page(s), if necessary.

PLEASE NOTE THAT A SCHOLARSHIP APPLICATION CANNOT BE CONSIDERED UNTIL ALL QUESTIONS ARE ANSWERED AND ALL REQUESTED INFORMATION HAS BEEN PROVIDED.

I (we) hereby attest through the below signature(s) that all information given in this application is complete and accurate. I (we) also attest through these signatures that I (we) have received and read CDC-POL-22 "Student Tuition Scholarships" and understand my (our) responsibilities that must be fulfilled in order to receive any scholarship funds.

Printed Name	Signature	Date

BSCDC Use Only			
Completed Application Rec'd By / Date		CDC-POL-22 Rev. Provided	
Date Application Reviewed By BSCDC Board of Directors		BSCDC Board of Directors Decision	Grant Deny
Guardian Notified of Board Decision By / Date		If granted, amount given	

BUNCOMBE STREET CHILD DEVELOPMENT CENTER

_____ has applied for financial assistance for childcare at the Buncombe Street Child Development Center (BSCDC), a ministry of Buncombe Street United Methodist Church. We are requesting verification of employment and salary in order to consider the application. The applicant has signed a waiver below allowing you to provide this information to us for the purpose of considering the scholarship application. Any information that you provide will be held confidential as part of our records.

Thank you in advance for your prompt assistance. Our review of the applicant's request cannot begin until your information has been received.

Sincerely,

BSCDC Director

TO BE COMPLETED BY APPLICANT			
I hereby consent for my employer to provide confirmation of my employment and my salary to Buncombe Street Child Development Center as requested above.			
Printed Name:		Date:	
Signature:			
Employer:			
Employer Address:			

TO BE COMPLETED BY EMPLOYER			
_____ is employed at _____.			
His/her salary is \$ _____ per week / month / year. (Circle one).			
Printed Name:		Date:	
Signature:			
Title:			