



## **APPLICATION FOR DAN WELLIVER PROGRAM SCHOLARSHIP**

Hello Neighborhood Center Parents, its that time of year again. Please make sure you complete the scholarship application completely. The Scholarship Committee will grant a limited amount of scholarship aid. The Scholarship committee, which consists of board members, determines all Scholarships awards. The awards will be based on need and fund availability. There is no guarantee that scholarships will be granted, and all information provided will be kept confidential. Parents are required to complete a new application for each semester. Applications will not be accepted after the application due date.

**Please see application due dates below:**

**Fall (Aug-Jan)** Applications will be due in *June*

**Spring (Jan- June)** Applications will be due in *November*

**Summer- (June-Aug)** Applications will be due in *April*

**In order to be considered all applications must have the following:**

- A completed application.
- Application for Child Care Network must be made. Written proof of your status from CCN must be attached. This can be an acknowledgement that you have applied, confirmation that you are on the waiting list, confirmation that you have been accepted for a scholarship of a certain amount or a rejection letter.
- Copies of all household income.
- Applications must be submitted by deadline to ensure consideration.

**APPLICATION FOR DAN WELLIVER PROGRAM SCHOLARSHIP**

Please check which semester you are applying for: **Fall** \_\_\_\_\_ **Spring** \_\_\_\_\_ **Summer** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Parent (s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone :** \_\_\_\_\_  
\_\_\_\_\_

**Please enter student information below:**

<b>Student Name</b>	<b>Age</b>	<b>Grade</b>	<b>CCN/Co-Pay Amount</b>

**What is the amount of scholarship aid that you are requesting per week?** \_\_\_\_\_

**Please identify all other household members and dependents:**

<b>Name</b>	<b>Age</b>	<b>Employed, if yes how much does member bring home weekly?</b>

**Please identify any circumstances affecting your family that you would like the scholarship committee to consider:**

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