



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.

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

Date: _____

Name of Parent (s): _____

Address: _____ **Phone :** _____

Please enter student information below:

Student Name	Age	Grade	CCN/Co-Pay Amount

What is the amount of scholarship aid that you are requesting per week? _____

Please identify all other household members and dependents:

Name	Age	Employed, if yes how much does member bring home weekly?

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

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INCOME AND EXPENSES**

Income:

Please identify any income you receive. Types of income might include the following:

- Wages Social Security Insurance Pensions
- Rent Unemployment or workers compensation
- Spousal support Self-employment (as babysitting, handyman, etc.)

Person with Income	Type/Source Of Income	How Often Received?	How Much?	Date Last Received

Please submit Proof of Income for 30 days. This may be in the way of pay stubs, bank deposits and statements from employer

Expenses:

Do you, your spouse or other provider pay child support or Alimony? Yes No

If the answer is "Yes" How much do you pay Per week / month / year? Please supply proof of this payment.

To the best of my knowledge all information that I have stated on this application is true.

Signature of Parent or Guardian _____ Date : _____

For Internal Use Only Date Received _____