



Empowering You To Be

EmBe Child Care Center Scholarship Application

Parent/Guardian Name: _____

Child's Name: _____ Room: _____

Child's Name: _____ Room: _____

Child's Name: _____ Room: _____

Number of people residing in household: _____

Household Income

Please attach the following forms of income verification:

_____ most recent tax return

_____ 2 most recent pay stubs from any income earners in the household

Please list how often it was received. (Weekly, Bi-Weekly, Semi-monthly or monthly)

Name: _____ How often paid: _____

Name: _____ How often paid: _____

Other Income

Please list any income from welfare, child support, alimony, social security or other.

Name: _____ Amount: _____

Name: _____ Amount: _____

Only complete applications will be reviewed. Please complete all areas of the form and attach income verification.

**I certify that all information on this application is true and that all income is reported. I understand that EmBe may verify any information I provide. I understand that if I purposely give false information, I may lose my childcare.*

Signed: _____ Date: _____

For office use only.

Received: _____ most recent tax return

_____ 2 most recent pay stubs of any income earner in the household

Yearly Household Income: _____ Eligible: YES NO

Signature _____ Date: _____