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: _____________