Scholarship Application

It Takes a Village Scholarship program helps to pay for care when parents are not available to care for their children, including but not limited to:

- During working hours;
- During school or training hours, if meeting work requirements;
- Temporary unemployment, due to a documented medical condition;
- Kinship placement, whereby a relative takes guardianship of a child after a child has been removed from the care of his or her parent(s)

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1. Parent or Guardian Information

First Name:	Last Name:	Cell Phone:
Home Address:		
Mailing Address:		
Email:		Home Phone:

2. Child Information

Name (First, Middle, Last) :		Birthdate:
Relation to applicant:	School:	Age:

Name (First, Middle, Last) :		Birthdate:
Relation to applicant:	School:	Age:

3. Financial Information: Please list all earned and unearned income received by you and adult members of your family. Please provide a paycheck stub and/or proof of income/assistance.

Source of Income (i.e.Employer's Name)	Name of Person Earning Income	Monthly Amount (Before deductions)
Child Support		
Public Assistance		
Other:		

4. Scholarship Request: Please attach all relevant documents, such as custody papers, court orders, etc.

Reason for Request:

Scholarship Request: ☐ Full Tuition: _____ ☐ Partial Tuition: _____ ☐ Other: _____

Beginning: _____ until _____

Applicant Name (Please Print): _____

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY (DO NOT WRITE HERE)	
Date Application Received:	**Reviewed On:**
Scholarship Granted: ☐ Full Tuition: _____ ☐ Partial Tuition: _____ ☐ Other: _____	
Beginning: _____ until _____ ☐ Scholarship Denied	