

**Scholarship Application**

Application Date: \_\_\_\_\_

**CHILD'S INFORMATION**

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age of Child: \_\_\_\_\_  
(Last) (First) (MI)

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age of Child: \_\_\_\_\_  
(Last) (First) (MI)

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of Children in household: \_\_\_\_\_ Number of Adults in household: \_\_\_\_\_

**Parent's Information**

Father/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Monthly Gross Income: \$ \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Monthly Gross Income: \$ \_\_\_\_\_

**Information About Your Child(ren)**

Hours of child care needed? \_\_\_\_\_

Has your child ever been in child care? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, where \_\_\_\_\_ and when \_\_\_\_\_

Current Child Care Provider? \_\_\_\_\_

**Does Family Receive Any of the Following?**

\_\_\_\_ Work First Family Assistance

\_\_\_\_ Supplemental Security Income (SSI)

\_\_\_\_ Unemployment Compensation

\_\_\_\_ Veteran's Benefits

\_\_\_\_ WIC – Food Stamps

\_\_\_\_ Child Support

\_\_\_\_ Social Security

\_\_\_\_ Workmen's Compensation

\_\_\_\_ Military Family Allotments

\_\_\_\_ Other Income Sources \_\_\_\_\_

Referred By: \_\_\_\_\_

I hereby give my permission for this information to be shared with other child care providers/agencies.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Return to:**

**Wilkes Community Partnership for Children**

**1915 West Park Drive, Suite 107, North Wilkesboro, NC 28659**

