



The Elaine Clark Center
For Exceptional Children

Scholarship Guidelines

1. Scholarship applications must be completed in full before a scholarship will be awarded.
2. All scholarship applications must include documentation of income. (Check stub, 1099).
3. A copy of your check stubs will be required each quarter. (March, June, September, and December). Two if paid bi-monthly and four if paid weekly.
4. A new scholarship application should be completed each time your employment or income changes.
5. If you are unemployed your child may attend from 8:30-4:00 until you become employed. If you are employed part-time, your child may attend the full day on days that you are working and 8:30-4:00 of the other days.
6. If you are late, the standard one-dollar per minute will be added to your account.
7. Your child's enrollment may be terminated if your childcare account is not kept current.
8. You must participate in at least two fundraisers each year.
9. You must participate in at least one parent workshop per month if working and two per month if not working.

Signature

Date

- ⌘ In order to assure all eligible children have access to financial assistance, families are required to meet specific guidelines and criteria in order to qualify.



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SCHOLARSHIP APPLICATION

Child's Name	Applicant's Name
Address	Applicant's SS#
Date Application Completed	Applicants Home Phone #

Please list all persons living at your address.

First Name	Last Name	Relationship to Applicant	Date of Birth

Current Employment/Education/Job Training Program

Name	Name of Employer, School, Job Training Program	Address	Phone #	Hours Per Week
Mother				
Father				
Other				

Income Information

Total Family Income for Current Month:	Average Family Income X 12:
Average Family Income Each Month:	(Circle One) Current Income: Average Income:

(Income includes employment wages, alimony, child support, social security, and/or any other sources of income.)

Do you receive child care assistance through any other agency? Yes () No ()
If so, please List:
Please state your need for a child care scholarship.

I certify that the information provided on this application is true and correct to the best of my knowledge and belief. I give permission to the child care provider to obtain verification for any statements given.

Signature of Applicant _____ Date _____

Signature of Representative _____ Date _____

(For agency use only)

Scholarship Amount:	Parents Weekly Fee:
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