

Attachment A -- Child Care Scholarship

This form must be filled out completely.

1. Check **one** of the following items:
This is the first time I have applied for the Foundation child care scholarship.
I applied for the child care scholarship before, but I did not receive it.
I applied for and received the child care scholarship during _____, _____.
2. Answer the following questions about your family:
 - a. List the number of children in your household: _____ .
 - b. List the names and ages of your children: _____

 - c. Indicate the monthly expense of child-care needed for you to attend school: _____
3. Name and address of child-care provider: _____

4. We encourage licensed or registered care. Do you need help in finding a licensed or registered child-care provider? Yes No
5. Have your academic advisor, instructor or program chair fill out the attached "Career Goal Consultation Form." If you are a recent prior recipient (within the last academic year) you do not need to fill out this form.
6. List program area/degree: _____
7. How many credits toward your program area/degree have you completed? _____
8. How many credits are you planning to enroll in fall term? _____
9. When do you expect to complete your program area/degree (month/year)? _____
10. I am willing to participate in a confidential study of child-care and student success: Yes No