



**APPLICATION FOR DLC
SCHOLARSHIP**

CHILD'S NAME _____ Birthday _____

IF APPLICABLE, DIAGNOSIS _____

LAST 4 NUMBERS OF CHILD'S SOCIAL SECURITY # _____

NUMBER OF OTHER DEPENDENT CHILDREN _____ NUMBER OF PEOPLE IN THE HOUSEHOLD _____

TIMES CHILD CURRENTLY ATTENDS OR WILL BE ATTENDING: _____

PARENT'S NAME _____ LAST 4 SS# _____

ADDRESS _____

PLACE OF EMPLOYMENT OR SCHOOL _____

PHONE (HOME) _____ WORK _____

PARENT'S NAME _____ LAST 4 SS# _____

ADDRESS _____

PLACE OF EMPLOYMENT _____

PHONE (HOME) _____ WORK _____

PROOF HOUSEHOLD MONTHLY INCOME (MUST SUBMIT COPIES OF LAST 2 PAY STUBS, LETTER FROM EMPLOYER OR COPY OF ENROLLMENT IN COLLEGE).

	Household Monthly Income		Monthly Expenses
WAGES:	\$ _____	RENT OR MORTGAGE:	\$ _____
SSI/DISABILITY ASSISTANCE:	\$ _____	UTILITIES:	\$ _____
FOOD STAMPS:	\$ _____	FOOD:	\$ _____
GRANTS:	\$ _____	TRANSPORTATION:	\$ _____
HOUSING ASSISTANCE:	\$ _____	OTHER:	\$ _____
CHILD SUPPORT:	\$ _____	OTHER:	\$ _____
OTHER:	\$ _____	OTHER:	\$ _____
TOTAL:	\$ _____	TOTAL:	_____

I HAVE APPLIED FOR:

- ELC SCHOOL READINESS STATUS _____
- UW SUCCESS BY 6 STATUS _____
- GARDINER FUND STATUS _____
- VOLUNTARY PRE-K STATUS _____

TO BE COMPLETED BY DLC STAFF	
\$	_____
\$	_____
\$	_____
\$	_____

REASON FOR REQUEST OF SCHOLARSHIP: _____

SIGNATURE _____ DATE _____

Updated
04/2020