



Peninsula Children's Center

Internal Assistance Scholarship Application

Applicant must complete application and compile all required documentation before submitting paperwork to the Family Advocate. Once application process has been completed, the application will be taken to the Internal Assistance Scholarship Committee. It is very important that the entire application is complete and all documentation has been provided. If your application is incomplete it will not be considered for a scholarship. Scholarship awards depend upon the availability of funds. Once paperwork has been completed and submitted, please schedule a time when you may be contacted for a short over-the-phone or in-person interview. Once interviewed, you will be notified within five business days of the Committee's decision regarding your application.

A: Minimum Requirements:

1. Currently enrolled or in the process of enrolling with Peninsula Children's Center; and
2. Currently have a hardship due to family emergency, financial hardship in home short-term or long-term; and/or
3. Low family income; and/or
4. Family qualifies for only partial subsidy.

Submission List:

1. Completed application.
2. Previous year's W-2 and taxes with schedules (if filed).
3. Two month's check stubs.
4. If student- Current Course List.
5. Letter briefly explaining hardship.

B: Applicant's Information:

This application must be complete and all required documents must be attached in order for consideration. Please use black or blue ink.

Name: _____
(please print clearly)

Work: Y__N__ Full-Time or Part-Time Student: Y__N__ Credit Hours Enrolled: _____

Home Address: _____

E-mail Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Extension: _____

Status: Single__ Married__ Separated__ Number of Dependent Children: _____

Please Print Names:

Spouse: _____

Work: Y__N__ Full-Time or Part-Time Student: Y__N__ Credit Hours Enrolled: _____

Child One: _____ Age: _____ Childcare with Peninsula: Y__N__

Child Two: _____ Age: _____ Childcare with Peninsula: Y__N__

Child Three: _____ Age: _____ Childcare with Peninsula: Y__N__

Child Four: _____ Age: _____ Childcare with Peninsula: Y__N__

C: Financial Information:

Monthly Income:

Gross Income: \$ _____

Retirement Account (i.e. 401k): Y__N__

Child Support Income: \$ _____

Checking Account(s): \$ _____

Student Loan/Grant Income: \$ _____

Saving Account(s): \$ _____

Social Security Income: \$ _____

Money Market Account(s): \$ _____

Other Income: \$ _____

Total Income: \$ _____

Approximate Monthly Expenses:

Rent/Home Payment: \$ _____

Utilities: \$ _____ Food: \$ _____

Insurance: \$ _____

Credit Card Payments: \$ _____ Credit Card Debt Amount: \$ _____

Vehicle Loans: \$ _____ Gas: \$ _____ Transportation Passes: \$ _____

Medical: \$ _____

Student Expenses: \$ _____
(tuition, books, registration)

Other Expense: \$ _____

Other Expense: \$ _____

Total Expenses: \$ _____

Amount of monthly scholarship requested: \$ _____

Length of scholarship requested: Months Requested _____ One Year _____
(scholarship maximum is one year and then you must submit another request)

I affirm to the information contained herein is true and accurate to the best of my knowledge.

Signature

Date