

**CHILDREN'S COMMUNITY DEVELOPMENT CENTER**

**Scholarship Application**

*All scholarship decisions are made without regard to race, creed, color, religion, disability or national origin.*

Date of Application \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Father/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Marital Status of Parent/Guardian applying: \_\_\_\_\_

**Dependents:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**FINANCIAL INFORMATION**

**I. INCOME** (please list all sources including state and local assistance and other agencies or organizations):

**Mother/Guardian**  
**Monthly**

**Father/Guardian**

- |                       |       |       |
|-----------------------|-------|-------|
| 1. Gross Wages:       | _____ | _____ |
| 2. Social Security:   | _____ | _____ |
| 3. Unemployment:      | _____ | _____ |
| 4. Worker's Comp:     | _____ | _____ |
| 5. Pensions:          | _____ | _____ |
| 6. Disability:        | _____ | _____ |
| 7. Alimony:           | _____ | _____ |
| 8. Child Support:     | _____ | _____ |
| 9. Public Assistance: | _____ | _____ |
| 10. Rental Income:    | _____ | _____ |
| 11. Family Support:   | _____ | _____ |
| 12. Interest:         | _____ | _____ |
| 13. Dividends:        | _____ | _____ |
| 14. Other:            | _____ | _____ |

**II. FAMILY ASSETS**

A. Real Estate

Home: Address \_\_\_\_\_ Year of purchase \_\_\_\_\_  
Value: (estimate) \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_

Other: Address \_\_\_\_\_ Year of purchase \_\_\_\_\_  
Value: (estimate) \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_

**B. Motor Vehicles**

Year \_\_\_\_\_ Model \_\_\_\_\_ Value \$ \_\_\_\_\_ Loan Balance \$ \_\_\_\_\_ Equity \_\_\_\_\_

Year \_\_\_\_\_ Model \_\_\_\_\_ Value \$ \_\_\_\_\_ Loan Balance \$ \_\_\_\_\_ Equity \_\_\_\_\_

**C. Savings, Money Market, etc. (Bank, Amount in Account(s) )**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Value \$ \_\_\_\_\_

**D. Stock, Bonds, Mutual Funds (list company, number of shares, value)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. All other assets (including assets of children)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Value \$ \_\_\_\_\_

**F. TOTAL ALL ASSETS ..... Total A-E \$ \_\_\_\_\_**

**III. FAMILY LIABILITIES**

<u>Date</u>	<u>Amount of Debt</u>	<u>Source of Debt</u>	<u>Balance Due</u>	<u>Monthly Payment</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TOTAL PAYMENT ON LIABILITIES \$ \_\_\_\_\_**

(Enter this figure on line 5 in Basic Expenses)

**IV. BASIC EXPENSES** (monthly)

- 1. Rent/Mortgage (include property taxes & insurance) ... \$ \_\_\_\_\_
- 2. Utilities (include heating)..... \$ \_\_\_\_\_
- 3. Food..... \$ \_\_\_\_\_
- 4. Phone ..... \$ \_\_\_\_\_
- 5. Payment on recurrent debt ..... \$ \_\_\_\_\_
- 6. Medical & Dental expenses ..... \$ \_\_\_\_\_
- 7. Child Support (order of court) ..... \$ \_\_\_\_\_
- 8. Clothing ..... \$ \_\_\_\_\_
- 9. Insurance Premiums ..... \$ \_\_\_\_\_
- 10. Transportation (include auto insurance) ..... \$ \_\_\_\_\_
- 11. Child care/tuition other than CCDC ..... \$ \_\_\_\_\_
- 12. Entertainment ..... \$ \_\_\_\_\_
- 13. Other Education Expense ..... \$ \_\_\_\_\_
- 14. \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

**V. SUMMARY**

- A. Total Monthly Net Income (all sources) ..... \$ \_\_\_\_\_
- B. Total Cash Value of All Assets ..... \$ \_\_\_\_\_
- C. Total Liabilities ..... \$ \_\_\_\_\_
- D. Total Monthly Expenses ..... \$ \_\_\_\_\_

**VI. SCHOLARSHIP REQUEST FOR THE YEAR**

\$ \_\_\_\_\_ (Please indicate the amount you are requesting)

**VII. OTHER SCHOLARSHIPS**

If you have requested or are receiving any other scholarship assistance please describe:

**Scholarship** \_\_\_\_\_ **Amount Received** \_\_\_\_\_

**Scholarship** \_\_\_\_\_ **Amount Received** \_\_\_\_\_

**VIII. TAX RETURNS**

Attach copies of most recent tax return including W2 Form(s), interest statements, etc.; if separated or divorced please include both returns if possible.

**IX. FINAL**

Work Schedule: Mother \_\_\_\_\_ Father \_\_\_\_\_

Child Care Needs: (days & hours) \_\_\_\_\_

10 months or 12 months (please circle one)

CCDC Child Care Cost: (monthly) \_\_\_\_\_

Scholarship Requested : (monthly) \_\_\_\_\_

**X. ADDENDUM**

If there is any additional information you feel would be helpful for us to know in making a decision regarding your application for scholarship, please include it with this application.

**The applicant deposes that the above statements are true and complete and authorizes verification by CCDC. The applicant further agrees to inform CCDC immediately of any change in the above information upon completion of this application.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

IF YOU HAVE ANY QUESTIONS OR NEED ANY HELP WITH THIS APPLICATION PLEASE CALL THE DIRECTOR AT 226-8033 ext.6.

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