

Application For Financial Assistance/Scholarship

Applicant's Name: _____

Date: _____

Partner/Spouse's Name: _____

Child's Custodian
(if different): _____

Enrolling/Enrolled Child's name: _____

DOB: _____

Enrolling/Enrolled Child's name: _____

DOB: _____

Names, ages, & relationship of additional household members:

Name	Age	Relationship

Total in Household: _____

NEED FOR CARE

(Please feel free to submit letter outlining circumstances)

Applicant's Employer/School: _____

Occupation/Field of Study: _____

Employer/School Address: _____

Phone: _____

Partner's Employer/School: _____

Occupation/Field of Study: _____

Partner's Employer/ School Address: _____

Phone: _____

FINANCIAL INFORMATION

Employer subsidized child care? Yes No

Third Party Assistance? Yes No

Third Party Assistance Case # _____

Salaries (gross, before deductions): _____

Child Support: _____

Other Income (alimony, disability, grants, etc) _____

Third Party Assistance Co-Pay _____

TOTAL:: _____

I understand that I may be asked to provide previous year's federal & state tax returns or most current pay stub(s) as verification of income. I understand any falsification of the above statements will result in termination of my financial assistance and enrollment at Fruit & Flower. *I understand that if I have a change income, employment, schooling, or living arrangements, I must restate this application.*

Signature: _____ **Date:** _____