

COVESVILLE CHILD DEVELOPMENT CENTER
P.O. Box 123
5527 COVESVILLE LN.
COVESVILLE, VA. 22931
434-245-9133

SCHOLARSHIP APPLICATION

Student(s) attending:	Name
	Days Attending
Age	(5) (4) (3)
Name	
	Days Attending
Age	(5) (4) (3)
Name of Parent or Guardian	
Relationship to student(s)	
Street Address	City
Home Phone	Cell Phone
Email Address	
Place of Employment or school	
Address	Phone
Hours Per Week	Gross Pay (hourly pay or annual salary)
Pay period	weekly biweekly monthly
Date Hired	
Name of Parent or Guardian	
Relationship to student(s)	
Street Address	City
Home Phone	Cell Phone
Email Address	
Place of Employment or school	
Address	Phone

Hours Per Week		Gross Pay <small>(hourly pay or annual salary)</small>	
Pay period	weekly	biweekly	monthly

Please list all others living in household, including age and relationship to child(ren)

Use back of sheet if necessary for more names

Do you receive child support?

If yes, monthly amount

Child Support Enforcement Case number

Please provide verification of any formal or informal child support received

Other household income or benefits? (This includes additional wages, TANF, food stamps, SSI, scholarships, etc.)

Source	Monthly Amount
Received By	
Source	Monthly Amount
Received By	
Source	Monthly Amount
Received By	
Source	Monthly Amount
Received By	

In addition to child support verification we will need copies, from both parents and all other adults in the household, of the following:

W-2s

Year-End Pay Stubs or Tax Return

Most Current Pay Stub

I Certify that all of the information provided here is correct and complete. I have listed all persons in my household. I understand that the information in this application is confidential and will not be released to anyone outside the Director/Scholarship Committee/Board of Directors of Covessville Child Development Center. I understand that I will be required to pay a portion of the cost of tuition. I will have ten days to agree to the arrangement offered by CCDC. In the event that I do not respond in ten days, I may lose my access to scholarship finances for that school year. In the event that my financial circumstances change, I will inform CCDC promptly and submit a revised application. I understand that this application and any financial agreement is valid for one year from date of approval, and that a new application must be submitted on or by the anniversary of the original date of approval. I understand that submitting an anniversary application does not guarantee either re-approval or that the scholarship amount will not change.

Applicant Signature

Date

Date Approved/Denied

Percentage Approved

Date Renewal Application Is Due
