

SCHOLARSHIP APPLICATION FORM

Before completing this form, we request that you contact DHS, 405-522-5818. You may qualify for State Childcare Assistance. If you do not qualify, complete application, attach income verification (pay stub) in order to process, and return to:

Latchkey Child Service, Inc. 1141 N. Robinson, Suite 404
Oklahoma City, Oklahoma 73103



Application for (check all appropriate blocks);

Before School After School Both Mid-day Care

Name of Parent or Guardian _____

Home Phone _____

Work Phone _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

List all adults living in the household:

NAME OF ADULTS

EMPLOYER

_____	_____
_____	_____
_____	_____

List all children living in the household:

<u>NAME</u>	<u>AGE</u>	<u>SCHOOL</u>	<u>SCHOLARSHIP DESIRED</u>
_____	_____	_____	Yes ____ No ____
_____	_____	_____	Yes ____ No ____
_____	_____	_____	Yes ____ No ____
_____	_____	_____	Yes ____ No ____
_____	_____	_____	Yes ____ No ____

Are you a college student? Yes ____ No ____

Receiving Aid? Yes ____ No ____

If yes: Loan ____ Grant ____ Scholarship ____

Total Amount: \$ _____

List other information you feel should be considered:

I affirm that all the information provided on this application is correct. I understand that this information is kept confidential.

X Applicant's Signature _____

Date _____

FINANCIAL INFORMATION

INCOME (before taxes):

Mother's gross income \$ _____ Monthly ____ Bi-weekly ____ Weekly ____
Father's gross income \$ _____ Monthly ____ Bi-weekly ____ Weekly ____
Other gross income \$ _____ Monthly ____ Bi-weekly ____ Weekly ____
(alimony, interest, etc...)
Child Support \$ _____
Housing Subsidy \$ _____
Food Stamps \$ _____
Other Assistance \$ _____

EXPENSES:

Rent or Mortgage	\$ _____	Food/Entertainment	\$ _____
Utility & Phone	\$ _____	Auto Payments	\$ _____
Medical/Dental	\$ _____	Auto Insurance	\$ _____
Clothing	\$ _____	Medical Insurance	\$ _____
Child Care (not Latchkey)	\$ _____	Life Insurance	\$ _____

CREDITORS

Name _____	Monthly Payment	\$ _____	Balance	\$ _____
Name _____	Monthly Payment	\$ _____	Balance	\$ _____
Name _____	Monthly Payment	\$ _____	Balance	\$ _____
Name _____	Monthly Payment	\$ _____	Balance	\$ _____

Other financial obligations _____

SCHOLARSHIP AGREEMENT

I understand that failure to attend the program on a regular basis and/or failure to make co-payments, when so applicable, shall result in loss of scholarship and/or dismissal from the Latchkey program. My scholarship may be revoked due to inconsistent attendance, abuse of services, or loss of funding. These are federal funds and should they no longer be available my scholarship may be discontinued without advance notice.

X Applicant's Signature _____ Date _____

CERTIFICATION

I certify that the information provided to Latchkey Child Services, Inc. on my scholarship application is true and correct to the best of my knowledge and belief.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec.1001, provides; "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies ... or makes any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

X Applicant's Signature _____ Date _____

SCHOLARSHIP RECIPIENT QUESTIONNAIRE

Please take a few moments to answer the questions below. The sources of funds for your scholarship were from a federal grant, the Community Development Block Grant Program (CDBG). The federal government has requested that we furnish information from those that receive CDBG funds. Furnishing this information is voluntary and failure to answer these questions does not affect your eligibility for this or any future grants. Thank you for your cooperation. Return this form (even if you choose not to answer the questions) with your Scholarship Application.

1. Family size _____
2. Female head-of-household Yes _____ No _____
3. Senior citizen (over 62) head-of-household Yes _____ No _____
4. Handicapped Yes _____ No _____
5. Minority status (please check) _____Caucasian
_____African American
_____Native American
_____Pacific Islander
_____Hispanic
_____Other _____

Applicant's Last Name _____