



# Granny Scholarship Fund Application



**Part 1. IMPORTANT**

**Documentation Checklist:** The following documents **must be included with your application:**

<input type="checkbox"/> (1) Letter explaining current circumstances	<input type="checkbox"/> (5) Verification of student loan payments (if applicable)
<input type="checkbox"/> (2) Two recent paystubs for each parent/caregiver	<input type="checkbox"/> (6) CCIS Funds Not Available Letter (if applicable)
<input type="checkbox"/> (3) Your most recent income tax return	<input type="checkbox"/> (7) CCIS Denial Letter (if applicable)
<input type="checkbox"/> (4) Proof of other income (if applicable) <i>e.g. child support/unemployment/government aid</i>	<input type="checkbox"/> (8) Other (Explain in your letter)

**Complete application in full. Applications will NOT be accepted without all required documentation.**

**Part 2. Child(ren) Information:**

Is your child(ren) currently enrolled at Play & Learn? Yes \_\_\_\_\_ No \_\_\_\_\_

What center does your child attend or plan to attend?: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

If Part-Time, why is your child not attending Full-Time?  
Using Alternate Care \_\_\_\_\_ Only Working Part-Time \_\_\_\_\_ Can't Afford Full-Time \_\_\_\_\_

Please complete the child(ren) information below for the child(ren) **enrolled or planning to enroll only.**

Last Name: _____	First Name: _____	DOB: _____
Last Name: _____	First Name: _____	DOB: _____
Last Name: _____	First Name: _____	DOB: _____

**Part 3. Parent/Caregiver Information:**

Parent/Caregiver 1	Parent/Caregiver 2
Name _____	Name _____
Address _____	Address _____
Primary Phone _____	Primary Phone _____
E-mail _____	E-mail _____
Relationship to Child _____	Relationship to Child _____
Employer _____	Employer _____
Address _____	Address _____
Phone _____	Phone _____
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced

Who does the child reside with?  Both Parents/Caregivers  Parent/Caregiver 1  Parent/Caregiver 2

**Part 4. CCIS**

Are you currently on the CCIS waitlist? Yes \_\_\_\_\_ **If yes, stop here.** Attach your CCIS Funds Not Available Letter to the application, sign and submit to Scholarship Committee.

No \_\_\_\_\_ If not on waitlist, complete the entire application in full.

**Part 5. Reason for Applying for a Scholarship: DOCUMENTATION REQUIRED. SEE ABOVE.**

Currently Attending School  Medical Reason  Low Income

Unemployed\* (explain in detail) \_\_\_\_\_

Other (explain in detail) \_\_\_\_\_

**\*If Parent/Caregiver 1 or Parent/Caregiver 2 is unemployed would you be willing to:**

Seek employment at Play & Learn? Yes \_\_\_\_\_ No \_\_\_\_\_ Volunteer at Play & Learn? Yes \_\_\_\_\_ No \_\_\_\_\_

**Part 6. Household Information:**

List other household members that reside with you in addition to the child(ren) applying for scholarship:

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the members above contribute to household expenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Part 7. Income:**

Parent/Caregiver 1	Parent/Caregiver 2
<b>Income from Employment</b>	<b>Income from Employment</b>
Hours Worked Per Week _____	Hours Worked Per Week _____
Gross Weekly Income: \$ _____	Gross Weekly Income: \$ _____
<b>Unemployment Compensation</b>	<b>Unemployment Compensation</b>
Gross Weekly Income: \$ _____ Weekly	Gross Weekly Income: \$ _____ Weekly
<b>Child Support</b>	<b>Child Support</b>
Received From _____	Received From _____
Amount Received: \$ _____ Monthly	Amount Received: \$ _____ Monthly
<b>Other Income</b>	<b>Other Income</b>
Received From _____	Received From _____
Amount Received: \$ _____ Weekly	Amount Received: \$ _____ Weekly

**Part 8. Government Assistance:** Do you receive any of the following government assistance:

Cash Assistance   
 SelectPlan for Women   
 SNAP   
 Health Care Coverage   
 CCIS  
 Social Security Income   
 LIHEAP   
 School Meals   
 Housing Assistance

**Part 9. Additional Information:**

Do you own your home?     Yes     No   
Do you currently pay student loans?     Yes     No  
Do you own a car or cars?     Yes     No  
If Yes, please include: Car 1: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Car 2: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

I CERTIFY that the answers provided by me and the copies of income verification provided are true and correct. I have included all information required from Part 1. I have not withheld any information that would affect this application. By signing this application, you also authorize Play & Learn to release your application and all included documentation to Jenkintown Day Nursery Foundation for scholarship review. **PLEASE COMPLETE ALL PARTS OF THE FORM. INCOMPLETE FORMS WILL NOT BE PROCESSED.**

\_\_\_\_\_  
Parent/Caregiver 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Caregiver 2 Signature

\_\_\_\_\_  
Date

**Forward completed application to Scholarship Committee via fax  
at 215-540-8181 or e-mail: scholarship@playandlearn.com**