

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



**Harbor Springs  
Public Schools**  
Excellence in Character  
Excellence in Education

## Blackbird/Harborage Child Care Center Scholarship Application

First and Last Name of Child	BBCCC or Harborage?	Age	DOB	Currently Enrolled? (Yes or No)

Application period in which you are applying (check only one):

- \_\_\_ Fall (Applications due August 20)
- \_\_\_ Winter (Applications due November 20)
- \_\_\_ Spring (Applications due February 20)
- \_\_\_ Summer (Applications due May 20)

Name(s) of Parent(s)/Guardian(s):

1. \_\_\_\_\_ Address/Phone \_\_\_\_\_
2. \_\_\_\_\_ Address/Phone \_\_\_\_\_

Email Addresses \_\_\_\_\_

Monthly Household Income: \$ \_\_\_\_\_ Annual Household Income: \$ \_\_\_\_\_

Total Monthly Expenses (utilities, rent/mortgage, childcare, car, gas, insurance, food, etc.) \$ \_\_\_\_\_

Total Expected Monthly Expenses for Childcare Only \$ \_\_\_\_\_

Number of People Living in Household \_\_\_\_\_

Parent/Guardian 1 Employer and # Hours Worked \_\_\_\_\_

Parent/Guardian 2 Employer and # of Hours Worked \_\_\_\_\_

Please indicate if you are in receipt of other child-related financial support and amount (per month):

- Child Support \$ \_\_\_\_\_
- FIA Support \$ \_\_\_\_\_
- Other? \$ \_\_\_\_\_ (Source \_\_\_\_\_)

**Amount of Scholarship Requested Per Week/Month? \$ \_\_\_\_\_ per Week or \$ \_\_\_\_\_ per Month**

### Attach a Statement of Need (to this form)

Please summarize your reasons for applying for a scholarship. Include any details about your family and/or special circumstances that you would like us to consider, including ways and means in which you have attempted to help your financial situation. Do you anticipate needing assistance short-term (up to 3 or 4 months) or long-term (4 months or more)?

**Office Use Only – Do Not Complete**

Amount Granted \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Notes: