

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:

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

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. Indicate whether or not you consider your needs for scholarship 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: