



Scholarship Request Form

Global Children's Center Scholarship Assistance is a limited financial fund, made available by application to anyone struggling financially due to unforeseen circumstances.

Your request will be reviewed, and you will be contacted if more information is needed. A failure to provide requested information will forfeit your eligibility for financial assistance. Upon a decision you will be notified by telephone. If your request is approved, it may take up to two weeks to receive financial assistance. Scholarship assistance is only given on a school-year basis and must be reapplied for each academic year.

The decision made by Global Children's Center or its representatives regarding financial assistance is final and there is no appeal.

Please follow the steps below to complete **Scholarship Application**.

1. Please apply for Child Care Subsidy Program for **child care vouchers** at your local Department of Social Services. Please apply at:

DHHS Offices

730 Calhoun Place

Rockville, Maryland 20855

PLEASE NOTE: Child Care Vouchers must be applied for first before filling out this scholarship form. You will not be able to receive assistance unless you have applied for financial assistance through the county first. Global Children's Center will aid in any financial assistance that subsidy programs will not cover.

2. If you have already applied for CCS and have been **DENIED**, please provide the main office with a **copy of the denial letter** either in person, or email at:

Global Childrens Center

[12417 Deoudes Road](#)

[Boyds](#), Maryland 20841

(p) [301-972-5982](tel:301-972-5982)

Globalchildrenscenter@verizon.net

Begin Scholarship Application Here:

A. Personal Information:

Last Name: _____ First: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

___ Male ___ Female Date of birth: _____ Age: _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

B. Household Information:

List all individuals sharing your household:

Full Name	Age	Relationship	Employer	Monthly Income

C. Briefly, what events led to your needing assistance?

E. Applicant Employment History:

Present/Most Recent Employer: _____

Position: _____ Salary/Hourly Rate: \$ _____

Supervisor's Name: _____ Phone: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Employment Dates: From: ___/___/___ To: ___/___/___

If unemployed, please provide a reason: _____

If you are unemployed, for how long: _____

Are you currently seeking employment: ___Yes ___No

If "No" why not? _____

What steps are you taking to seek active employment? _____

F. Housing/Automobile:

___Own/Purchasing ___Renting How long at present address? _____

Landlord/Mortgage Company: _____ Phone: _____

Do you have access to a car? ___Yes ___No

Do you owe monthly car payments? ___Yes ___No If "Yes," how much? \$_____

G. Additional Information:

Have you contacted anyone else for assistance within the last six months? ___Yes ___No

Please specify: ___Financial Assistance through the County ___Family ___Friends ___Agencies

Are any of the above assisting with your need? ___Yes ___No If "Yes," amount: \$_____

If "No," why not? _____

Are you receiving financial aid from a government agency? ___Yes ___No Amount: \$_____

Please specify: ___Unemployment Insurance ___Social Security ___Workers Compensation

___Disability ___Other: _____

Have you requested or received assistance from Global Children's Center before? ___Yes ___No

If "Yes," when did you make the request? ____/____/____ Assistance received? \$_____

H. References:

Name (First and Last)	Relationship	Phone Number

I. Authorization

By signing below, you are giving permission to have the appropriate Global Children's Center personnel validate any of the above information.

Signature: _____ Print Name: _____

Date: ____/____/____

