



Application for Financial Assistance/Scholarship

Applicant's Name: _____ Date: _____
 Partner/Spouse's Name: _____ Child's Custodian
 (if different): _____
 Enrolling/Enrolled Child's name: _____ DOB: _____
 Enrolling/Enrolled Child's name: _____ DOB: _____

Names, ages, & relationship of additional household members:

Name	Age	Relationship

Total in Household: _____

NEED FOR CARE

(Please feel free to submit letter outlining circumstances)

Applicant's Employer/School: _____ Occupation/Field of Study: _____
 Employer/School Address: _____ Phone: _____
 Partner's Employer/School: _____ Occupation/Field of Study: _____
 Partner's Employer/ School Address: _____ Phone: _____

FINANCIAL INFORMATION

Employer subsidized child care? Yes No Third Party Assistance? Yes No

Third Party Assistance Case # _____

Salaries (gross, before deductions): _____

Child Support: _____

Other Income (alimony, disability, grants, etc.) _____

Third Party Assistance Co-Pay _____

TOTAL:: _____

I understand that I may be asked to provide previous year's federal & state tax returns or most current pay stub(s) as verification of income. I understand any falsification of the above statements will result in termination of my financial assistance and enrollment at Fruit & Flower. I understand that if I have a change in income, employment, schooling, or living arrangements, I must restate this application.

I understand Fruit & Flower may share my story to solicit donations for our scholarship funds, pending Financial Assistance/Scholarship acceptance.

Intl.

Signature: _____ **Date:** _____