

TLC Scholarship Application 2017-2018

Trumbull Loves Children, Inc.

P.O. Box 162
Trumbull, CT 06611

School: _____

Date of Application: _____

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Trumbull Loves Children, Inc. would like to award qualified individuals scholarships towards fees for children attending TLC programs. In an attempt to provide this scholarship, we need to determine eligibility and the amount awarded to each family. Please complete the following information and return to TLC.

Your application will not be processed without all the proper documentation of income and expenses. *All applicants must provide their signed & filed 2016 Federal Income Tax Returns with this application, along with any other verified income. (see page 3) Please send to the attention of Ken McCabe, Executive Director; all information on this application will be held confidential.

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Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Other Dependents: _____

Days Needed: Monday Tuesday Wednesday Thursday Friday

Time(s) Needed:

Before School

After School

Preschool Part Time (9-12)

Preschool Part Time Extended (7-12)

Preschool School Day (7-4)

Preschool Extended Day (7-6)

TLC Monthly Program Fee: _____

(Please see your Fees in Parent Portal)

Requested Monthly Fee: _____

Parent Information:

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

Phone/Cell# _____

Phone/Cell# _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Length of employment: _____

Length of employment: _____

Gross Pay: _____

Gross Pay: _____

Net Pay: _____
(Please attach copy of pay stub)

Net Pay: _____
(Please attach copy of pay stub)

Paid: weekly bi-weekly monthly

Paid: weekly bi-weekly monthly

Other sources of income: (second job, child support, alimony income, rental income, disability income, social security, etc.)

Please provide proper documentation. _____

Please explain need for scholarship financial assistance:

Trumbull Loves Children, Inc. does not discriminate against any race, color, and creed, national or ethnic origin.

Father's Signature

Mother's Signature

Financial Information

List all *monthly* expenses for your household. Do not include any items that are payroll deductions.

Loan Information

Please attach a copy of payment receipts

Rent or Mortgage Payments	\$ _____
Condominium Common Charges	\$ _____
Car Loan	\$ _____
Student Loans	\$ _____
Home Equity Loans	\$ _____
<i>Total Loans:</i>	\$ _____

Utilities

Electric	\$ _____
Heat	\$ _____
Water	\$ _____
Cable TV	\$ _____
<i>Total Utilities</i>	\$ _____

Support

Child Support Payments	\$ _____
Dependents not living at home	Name: _____
	Age: _____
Alimony	\$ _____
<i>Total Support Payments</i>	\$ _____

Other Expenses:

Total Monthly Expenses: \$ _____

Parent Signature: _____ **Date:** _____

For TLC use only

Date Received: ____/____/____

Reviewed by: _____ Scholarship Applied: _____

Notification Date: ____/____/____

Fee 1: \$ _____

Fee 2: \$ _____