

SCHOLARSHIP APPLICATION CIRCLE CENTER ADULT DAY SERVICES

PARTICIPANT

Name _____
 Address _____

 City/County of Residence _____

CONTACT PERSON

Name _____
 Address _____
 Phone: Home _____ Work _____
 Relationship to Applicant _____

Complete the remainder of form using these guidelines:

- ◆ If applicant is married and living with his/her spouse, answer all questions based on joint income, assets and living expenses.
- ◆ If applicant is single and living alone or with children or other relatives, answer all questions using only applicant's income and his/her contribution to the upkeep of the household.

Monthly Income	
Social Security	\$
Private retirement plan	\$
Spouses wages/salary	\$
Interest from savings acct., certificate of deposit, IRA, or other acct.	\$
Other (assistance from children)	\$

Total Assets	
Home Value	\$
Car Value	\$
Savings Account	\$
Stocks/Bonds	\$
CD/IRA/Keogh/401(K)	\$
Other Property	\$
Other	\$

Monthly Expenses	
Rent/Mortgage	\$
Medical Supplies (medicine)	\$
Payment on hospital bills	\$
Electricity	\$
Gas/fuel oil and water	\$
Food	\$
Telephone	\$
Car payment	\$
Car insurance	\$
Health Insurance	\$
Life Insurance	\$
Other Care	\$

Annual Expenses	
Property taxes	\$
Doctor visits	\$
Repairs on car/home	\$
Gifts	\$
Clothing	\$
Contributions	\$

Describe other care: _____

ADDITIONAL INFORMATION:

1. Who lives in the household?

<u>Name</u>	<u>Relationship to applicant</u>	<u>Status</u> (work, student, retired, unemployed)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Who owns or rents the house or apartment? _____

3. Does the applicant help support anyone else? Yes _____ No _____
If so, what is their relationship to the applicant? _____

4. How much financial support is provided by family member(s) monthly to applicant? _____

5. Family member(s)' weekly contribution to applicant's attendance at daycare: _____

Scholarship Assistance Needed

1. Days per week applicant will attend CC: _____
2. Cost per day (\$75) multiplied by # of days per week: Total cost per week= _____
3. Subtract applicant contribution: _____
4. Subtract family contribution: _____
5. Scholarship funds needed: \$ _____

** If riding CARE, can participant pay this expense? Yes _____ No _____

Round trip _____ One way _____

REASON FOR SCHOLARSHIP NEED:

(Preparer's signature)

(Date)