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| | Maryland State Department of Education/Office of Child Care Child Care Scholarship Program APPLICATION WITHDRAWAL REQUEST | Return to: https://family.childcareportals.org/ |
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We were notified that you no longer wish to apply for Child Care Scholarship services. A signed withdrawal request is required before we can withdraw your application. Please sign this form and return it to the address above.

| Section 1 General Information | |
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| First Name: | Last Name: |
| Date of Birth (DOB): | Contact Phone Number: |
| Social Security Number (SSN) (Optional): | |

| Section 2 Signature | |
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| By signing, I declare that I wish to withdraw my application for Child Care Scholarship services. | |
| Signature | Date |
| <i>This application withdrawal request will not be processed if the form is not signed.</i> | |