

	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program Scholarship Request Form	Return To: Ccsscholarships.msde@maryland.gov
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Section 1 General Information						
First Name:			Last Name:			
Party ID:			Date of Birth (DOB): <i>MM/DD/YYYY</i>			
Social Security Number (SSN) <i>(optional)</i> :			Contact Phone Number:			
Address:	Street	Apt #	City	State	Zip Code	County

Section 2 Scholarship Information		
Children Who Need Scholarship Issued		
Child's Name	Child's Date of Birth (DOB)	Child's Social Security Number (SSN) <i>(Optional)</i>
	<i>MM/DD/YYYY</i>	
	<i>MM/DD/YYYY</i>	
	<i>MM/DD/YYYY</i>	
	<i>MM/DD/YYYY</i>	
	<i>MM/DD/YYYY</i>	
NOTE: The new scholarships will begin the date this form is received.		

Section 3 Activity Information	
Approved Parent(s) or Caretaker(s) Activity Details	
Household Member's Name	Activity
For all activities that are "Employment," you must attach a letter from the employer on company letterhead verifying work hours <i>or current check stubs that document the days and/or hours requested.</i> For all activities that are "Education" or "Training," you must attach a copy of the current school/training schedule on school letterhead to verify days and hours of classes.	

Section 3 Signature	
Under penalty of perjury, I declare to the best of my knowledge and belief that the information provided is true and correct.	
Signature	Date
This scholarship request will not be processed if the form is not signed.	