

	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>Scholarship Request Form</b>	Return to: <a href="https://family.childcareportals.org/">https://family.childcareportals.org/</a>
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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>	
<b>NOTE: The new scholarships will begin the date this form is received.</b>		

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

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
<b>This scholarship request will not be processed if the form is not signed.</b>	