

	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program Scholarship Extension Request Form	Return To: ccssholarships.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 Their Scholarship Extended			
Child's Name	Child's Date of Birth (DOB)	Child's Social Security Number (SSN) <i>(Optional)</i>	Begin Date for Extension
	<i>MM/DD/YYYY</i>		
	<i>MM/DD/YYYY</i>		
	<i>MM/DD/YYYY</i>		
	<i>MM/DD/YYYY</i>		

Section 3 Activity Information			
Approved Activity Details			
Household Member's Name	Activity	Begin Date	End Date

For all activities that are "Employment," you must attach a letter from the employer verifying work hours. For all activities that are "Education" or "Training," you must attach a copy of the current school/training schedule to verify days and hours of classes.

Section 3 Signature	
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Under penalty of perjury, I declare to the best of my knowledge and belief that the information provided is true and correct.

Signature	Date
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This scholarship extension request will not be processed if the form is not signed.