

**Maryland State Department of Education/Office of Child Care  
Child Care Scholarship Program  
Scholarship Extension Request Form**

Return to:  
<https://family.childcareportals.org/>

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	
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 extension request will not be processed if the form is not signed.***