



**EXTENDED DAY LEARNING SCHOLARSHIP APPLICATION**

Please allow 7-10 business days to process your application once **ALL** required documentation is received.

To qualify for a scholarship at your child’s Extended Day Learning site, please complete the application, **print clearly**, and fill out the front and back of the application **completely**.

Note: We have a limited number of scholarships available.

**Required Documentation Checklist:**

- Completed application (complete all sections on the form)
- A copy of the most recent 1040 Tax form for each adult (age 18 and over) in the household
- Proof of income for each adult (age 18 and over) in the household. This includes one month’s worth of most recent pay stubs, social security, or disability checks.
- Documentation of any federal assistance you receive such as food stamps, rent subsidy or Aid to Dependent Children Cash Assistance. (If applicable)
- **Please send all information to: Haley Key ([hkey@youthlinksi.org](mailto:hkey@youthlinksi.org)) or mail to: Haley Key, Youth Link SI, 1740 Williamsburg Dr., Suite G, Jeffersonville IN 47130**

Applicant’s Information (Parent/Guardian)	
Name	
Address	
City	
State, Zip	
Home phone	
Cell phone	
Email	
Date of birth	
Race	
Employer	

**Dependents or Additional Adults living in the household:**

Name	Gender	Race	Date of Birth	Employer

Child(ren) for whom scholarship is requested: \_\_\_\_\_

School that child attends: \_\_\_\_\_

- Services needed:
- Morning care only
  - Afternoon care only
  - Both

Youth Link SI can offer a limited number of scholarships to families in need. These scholarships are available due to the generosity of our community. Scholarships do not cover all costs and applicants will be asked to pay a portion of their childcare fees.

**Gross Monthly Income and Expenses for the Entire Household:**

Household Income	Head of Household	Additional Adults	Household Expenses	
Employment	\$	\$	Mortgage	\$
Child Support	\$	\$	Electric/Gas/Water	\$
Government Assistance	\$	\$	Phone	\$
Food Stamps	\$	\$	Medical expenses	\$
Student Loan Income	\$	\$	Auto Loan	\$
Other	\$	\$	Other	\$
<b>Total</b>	\$	\$	Total	\$

Please describe your circumstance/reason for applying for financial assistance (this section must be completed to be considered):

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I certify that the above information and the supporting documents are correct and complete to the best of my knowledge. I understand that my child(ren) may lose their spot in our program for lack of payment or falsifying information in connection with this application. I understand that my scholarship rate will not be automatically extended beyond the award period and that I must bring updated information annually, or as requested, to qualify for the scholarship rate. Scholarship decisions are based on household income. I understand there is a limited number of scholarships available and that they are awarded on a first come first serve basis.

Youth Link SI encourages recipients to write a brief note describing how the program has been of help to them. These stories may be shared with YLSI supporters to show them how their contributions are used and to encourage prospective donors to become involved.

Would you be willing to share your story?  Yes  No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (You may type your signature if you do not have access to a printer/scanner)

<p><b>For Staff Only</b>          Date Submitted: _____ Time Submitted: _____          Approved by: _____          Date approved: _____          Notes:</p>
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