SCHOOL AGE CHILD CARE SCHOLARSHIP APPLICATION
GRADES K-5

Name of Parent/Legal Guardian: ____________________________________________
Address: ___________________________________________________________________
Telephone Number: __________________________________________________________
E-mail Address: ___________________________________________________________________

Employer Name: ______________________
Employer Address: ___________________________________________________________________

Name of School Age Program: __________________________________________
Cost Per Day of Program: ________________________________________________________

Please complete the following section for all children in grades K-5 for whom you are requesting this scholarship funding:

<table>
<thead>
<tr>
<th>Child’s First and Last Name</th>
<th>Age</th>
<th>Grade</th>
<th>Elementary School</th>
<th>Days of Week attending</th>
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This scholarship funding will allow one or both parents/legal guardians to (Please check one):

_____ Remain employed; or, _____ Return to employment.

I understand that this funding is available from now until December 23, 2020 and that I must live or work in Cumberland County. I understand that my child/children must maintain good attendance throughout the duration of this funding. I will notify the United Way of Carlisle & Cumberland County if family circumstances or employment changes occur and I am no longer eligible for this scholarship funding.

_______________________________________________________  ______
Signature of Parent/Legal Guardian                      Date

Please contact Karen Quinn, Director of Success By 6, at karen@uwcarlisle.org or at 717-243-4805 if you have questions regarding this scholarship.