

The Good Shepherd Child Care Center  
321 5<sup>th</sup> Street Milford, PA 18336  
570-296-9404

United Way Summer Scholarship Application

Scholarship Requested: (circle)    Part-Time    Full-Time

Student Information:

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Allergies: \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

Does child have an IEP/ISP? \_\_\_\_\_

Parent Information:

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Do you:    OWN    RENT

Household Information:

Please list all members of household and income. Use back of application if necessary.

NAME	SOURCE	AMOUNT	FREQUENCY
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Why should your child be considered for this scholarship?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date