

**SCHOLARSHIP APPLICATION FORM**

Before completing this form, we request that you contact DHS; you may qualify for childcare assistance. You must submit income verification with this application. If you do not qualify for DHS assistance, complete this form and return it to:

**Latchkey Child Services, Inc. 1211 N Shartel Avenue, Suite 1100 Oklahoma City, OK 73103**

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Desired Program (check appropriate block):     Before Care     After Care     Both

Name of Parent \_\_\_\_\_ Telephone \_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**NAMES OF HOUSEHOLD ADULTS**

**EMPLOYER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAMES OF CHILDREN**

**AGE**

**SCHOOL**

**SCHOLARSHIP DESIRED**

|       |       |       |           |          |
|-------|-------|-------|-----------|----------|
| _____ | _____ | _____ | YES _____ | NO _____ |
| _____ | _____ | _____ | YES _____ | NO _____ |
| _____ | _____ | _____ | YES _____ | NO _____ |
| _____ | _____ | _____ | YES _____ | NO _____ |
| _____ | _____ | _____ | YES _____ | NO _____ |

Are you a college student? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you receiving aid? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes:  loan     grant     scholarship    Total Amount: \$ \_\_\_\_\_

List other information you feel we should consider \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that all the information above is correct. I understand that this information is kept confidential.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL INFORMATION**

**INCOME**

Mother's gross income    \$\_\_\_\_\_     monthly     biweekly     weekly  
Father's gross income    \$\_\_\_\_\_     monthly     biweekly     weekly  
Other income                \$\_\_\_\_\_     monthly     biweekly     weekly  
(alimony, interest, etc.)  
Child support                \$\_\_\_\_\_    monthly  
Housing subsidy            \$\_\_\_\_\_    monthly  
Food stamps                 \$\_\_\_\_\_    monthly  
Other assistance            \$\_\_\_\_\_    monthly

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**EXPENSES**

|                          |         |                      |         |
|--------------------------|---------|----------------------|---------|
| Rent or mortgage         | \$_____ | Food/Household Items | \$_____ |
| Utilities/telephone      | \$_____ | Car payments         | \$_____ |
| Medical/dental           | \$_____ | Insurance - car(s)   | \$_____ |
| Clothing                 | \$_____ | Insurance – medical  | \$_____ |
| Childcare (not Latchkey) | \$_____ | Insurance – life     | \$_____ |

**CREDITORS**

|            |                         |                 |
|------------|-------------------------|-----------------|
| Name _____ | Monthly payment \$_____ | Balance \$_____ |
| Name _____ | Monthly payment \$_____ | Balance \$_____ |
| Name _____ | Monthly payment \$_____ | Balance \$_____ |
| Name _____ | Monthly payment \$_____ | Balance \$_____ |

Other financial obligations \_\_\_\_\_

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**SCHOLARSHIP AGREEMENT**

I understand that failure to attend the program on a regular basis and/or failure to make your payments, when so applicable, shall result in loss of scholarship and/or dismissal from Latchkey. My scholarship may be revoked due to inconsistent attendance, abuse or services, or loss of funding. These funds may no longer become available and could result in the scholarship being discontinued without notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION**

I certify that the information provided to Latchkey Child Services Inc on my scholarship application is true and correct to the best of my knowledge and belief.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies ... or makes any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Signature \_\_\_\_\_ Date \_\_\_\_\_

## SCHOLARSHIP RECIPIENT QUESTIONNAIRE

Please take a few moments to answer the questions below. The source of funds for your scholarship was from either a federal grant; the Community Development Block Grant Program (CDBG) or Latchkey's self generated LCSIF fund. The federal government has requested that we furnish information from those who receive CDBG funds. Furnishing us this information is voluntary and failure to answer these questions does not affect your eligibility for this or any future grants. Thank you for your cooperation. Please return this form with your scholarship application.

1. Family size: \_\_\_\_\_
2. Female head of household? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Elderly (over 62) head of household? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Minority status (please Check):
  - \_\_\_\_\_ Caucasian
  - \_\_\_\_\_ Black
  - \_\_\_\_\_ American Indian
  - \_\_\_\_\_ Pacific Islander
  - \_\_\_\_\_ Hispanic
  - \_\_\_\_\_ Other \_\_\_\_\_

Your last name: \_\_\_\_\_