

Financial Aid Application

268 East Kilgore Rd., Ste. D • (269) 349-3296/ (800)343-3470 • Fax (269) 349-6822 • renee@ccr4kids.org

Date: _____

Name: _____

Address: _____

City: _____ Zip: _____ County: _____

Day Phone: _____ Email: _____

Program Name: _____

Home Center GSRP Head Start Parent Other

Unlicensed (Relative or Aide Provider)

Name of class you are requesting scholarship for: _____

How long have you worked in the field of child care?

- Less than 1 year 1 – 3 years 4 – 7 years
 8 – 12 years 12 – 20 years More than 20 years

Have you attended trainings presented by Child Care Resources? Yes No

This will be my first time 2 times 3 – 5 times More than 5 times

Do you have.....

CDA Associate's Degree Bachelor's Degree Master's Degree NA

Are you pursuing.....

CDA Associate's Degree Bachelors Degree Master's Degree NA

Are you or your child care program a member (partner) with CCR? Yes No

Is your child care program accredited? Yes No

Is your program currently working on accreditation? Yes No

Have you received the T.E.A.C.H scholarship? Yes No

Do you take DHS/ FIA paid children? Yes No

Financial need: Based on your income and current financial situation how much do you feel you need this scholarship?

(Circle one) 1 2 3 4 5
(Least) (Most)

Why are you in need of this scholarship?

- *If you decide not to use the scholarship please contact us immediately so the scholarship can be awarded to someone else.*
- *This scholarship does not include payment for C.E.U.'s.*
- *Only two awarded per program*

Signature: _____

Return to: Child Care Resources, 268 E. Kilgore Road, Suite D, Portage, MI 49002, Attention: Rene Diaz

OFFICE USE ONLY

Accepted Denied Deferred _____ Total Points

Comments: _____