Ellie Snow Scholarship Application

Name of Applicant: _____

Child/ren Name(s): _____

Age(s)/Grade(s): _____

Mailing Address: _____

Email_____

Home Tel: _____ Work Tel: _____

Cell Phone: _____

I hereby verify that the information provided in this application is correct and true. In addition, I also give NYA permission to verify my income.

Signed: _____ Date: _____

Would you like information about other possible resources: _____ If yes, what areas:

Food: ____ Clothing: ____ Health Care: ____ Financial: ____ Housing: ____

Please fill out both pages of this application. Include verification of all household income for the past four (4) weeks. Submit this application along with verifications to: NYA, Emma McBrearty - Director, PO Box 541, Brewster, MA 02631-0541. You may also send this application to NYA in a sealed envelope through your child's program site. Please call 508 896-7900 with any questions.

Please note that all NYA scholarship requests are reviewed on a case-by-case basis. Submitting an application does not guarantee that funding will be awarded.

PO Box 541
Brewster, MA 02631
508-896-7900
emcbrearty@nausetyouthalliance.org
www.nausetyouthalliance.org

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Number of Adults in home: _____
Number of Children & Ages: _____

_____

Total household income for the last four (4) weeks: _____

Please provide verification of wages or income for all household members. Attach copies.

Have there been any changes in the past four weeks that may affect the financial information you submitted? Please explain how this may impact your ability to pay for childcare.

Are you currently receiving any other income or financial assistance at this time (such as SNAP benefits, childcare scholarships, alimony, child support, etc.)? Please list amounts received.

Please list your reasons for applying for these funds at this time:

Is there anything else that you would want NYA to know about your situation?

Last date you applied for NYA Emergency Scholarship (if applicable) _____

Total weekly child care expenses: _____ For how many children: _____

What weekly child care fees can you afford at this time: _____

How long do you expect to need assistance in paying for child care this summer? (check one)
☐ One Time (Back-due payments) ☐ 1 month ☐ 3 months ☐ 6 months

Have you applied to other resources for assistance (Y/N): _____ If yes, where have you applied?

Lower Cape Outreach Council: ____ Church: ____ Town: ____ Child Care Network: ___

Department of Social Services: ___ Cape Cod Children's Place: ___ Other:

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