

## Ellie Snow Scholarship Application

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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.**

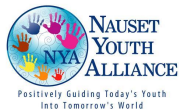
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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.**



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Number of Adults in home: \_\_\_\_\_

Number of Children & Ages: \_\_\_\_\_

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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)

☐ 1-4 weeks      ☐ 5-8 weeks

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: \_\_\_\_\_