



Community Art Center, Inc.

119 Windsor Street
Cambridge, MA 02139
617-868-7100
www.communityartcenter.org

SCHOOL AGE CHILD CARE SCHOLARSHIP APPLICATION

This form does not constitute enrollment in Community Art Center's School Age Child Care (SACC) Program, and is meant to supplement an application. To apply for our programming, please visit our website at communityartcenter.org.

Founded in 1937, the Community Art Center is a neighborhood institution committed to our mission: to cultivate an engaged community of youth whose powerful artistic voices transform their lives, their neighborhoods, and their worlds. The Community Art Center believes that cost should not be an obstacle for children to receive high quality care, and we are dedicated to providing affordable care for those in our community. To help achieve this, we have funds allocated for scholarships of full or partial tuition. Scholarships will be awarded based on availability and/or need, and will likely cover 25%, 50%, 75%, or 100% of tuition owed. In rare cases, scholarships may be used to supplement EEC Subsidies or Vouchers to be used to cover parent fees. Please note: you will need to re-apply for a scholarship annually.

CHILD'S NAME:		DATE:	
ADDRESS:		PRIMARY LANGUAGE:	
CITY:		SCHOOL:	
STATE:		HOME TEL#	
ZIP:		DATE OF BIRTH	
HOUSEHOLD INFORMATION			
PARENT/GUARDIAN #1		EMAIL:	
HOME ADDRESS:		CELL PHONE #	
OCCUPATION:		WORK HOURS: to	
BUSINESS NAME:		WORK PHONE#	
ADDRESS:		CITY:	ZIP:
ADULT #1:			
EMPLOYMENT STATUS:		ANNUAL INCOME:	
EMPLOYED	STUDENT	OTHER:	
ADULT #2:			
EMPLOYMENT STATUS:		ANNUAL INCOME:	
EMPLOYED	STUDENT	OTHER:	
ADULT #3:			
EMPLOYMENT STATUS:		ANNUAL INCOME:	
EMPLOYED	STUDENT	OTHER:	
NUMBER OF CHILDREN OR DEPENDENTS:			

Additional required documentation:

- Letter describing financial need or hardship
- Most Recent Tax Form 1040
- Paystubs for most recent 4 weeks of work

Optional Documentation:

- Breakdown of Monthly Expenses (estimate, will be used to determine financial need)
- Documentation of additional public assistance (WIC, Food Stamps, Section 8 housing, free or reduced lunch)

I hereby confirm that the information that I have provided on this form is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date