**Helen R. Godfrey - University Child Learning & Care Center**

**Application for**

**Women’s Fund of Portage County Scholarship**

Purpose of the fund: To serve 2 single mothers and their child/ren with a scholarship of $1000 towards their child care tuition bill.

Name and address of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Age of Child(ren):

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

Number of Children enrolled at UCLCC: \_\_\_\_\_\_\_\_\_

***Are you a student?***  Student Status: Full time \_\_\_\_\_\_\_\_\_\_ Part time \_\_\_\_\_\_\_\_

 Number of credits enrolled for \_\_\_\_\_\_\_\_\_

***Are you employed?***  Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hour’s weekly \_\_\_\_\_\_\_\_\_\_\_ Wage per hour \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you receive any other form of financial assistance for child care? Yes \_\_\_\_\_ No \_\_\_\_\_

If you mark “yes”, please describe the source and amount of the assistance:

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

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

Items to attach:

* Proof of Wisconsin Shares Child Care Assistance authorization or denial (if eligible)
* Copy of previous year’s tax return

On the reverse side or attach on separate piece of paper describe specific circumstances and needs you feel the committee should consider upon reviewing your scholarship application from the Women’s Fund.

Please note that applications are only reviewed by the Scholarship Committee and their contents are held in the strictest confidence.

Normal weekly fee (completed by UCLCC staff): $\_\_\_\_\_\_\_\_

**Application due by September 15, 2018**