



# Agassiz Baldwin Children's Programs

20 Sacramento Street Cambridge MA 02138

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www.agassiz.org

## Scholarship Application

2009-2010 Scholarship Application

Application Received: Filemaker: QuickBooks: Grade: Start Date:

**Date:** \_\_\_\_\_ **Child's program** (circle one): Afterschool    Preschool    Outback    Maud Morgan

**Child's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Parent/Guardian #1 Name:** \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Days/Hours: \_\_\_\_\_

Home Address & Phone if different from child's: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Parent/Guardian #2 Name:** \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Days/Hours: \_\_\_\_\_

Home Address & Phone if different from child's: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Have you applied for any other scholarship assistance? Please describe:**

**Additional Information**

Please provide any additional information that you would like us to consider for scholarship assistance such as high medical bills, significant loss of income or family size:

**Required Documentation:** This application will not be processed without proper documentation

of all sources of income. (check all that apply)

- 1040 (required)     Pay stubs     Disability     Government Subsidy
- Child support     Other: \_\_\_\_\_

- **Please remit completed form to** Jacy Edelman, Children's Program Director  
20 Sacramento Street  
Cambridge, MA 02138.

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_