

Liberty Center Scholarship Form

Name: _____

Address: _____ Phone: _____

Child's Name _____

Do you currently receive assistance from any of the following programs to help pay for Liberty Center Child Care Expenses?

Child Care Assistance Yes _____ Amount _____ No _____

Family Support Yes _____ Amount _____ No _____

Respite Care Yes _____ Amount _____ No _____

How many days per week does your child attend Liberty Center? _____ days/week

How much of the total cost can you afford to pay? _____

How long would you be requesting to have assistance with your bill? _____
Beginning Date _____ Ending Date _____

Please Explain your Financial Situation.
(Example: We just moved to Sioux Falls and need a place for our daughter to attend but she is too old for regular daycare centers and we do not make enough money to be able to afford this program. We do not qualify for the programs listed.)

NOTE: Scholarships can only be used for future child care expenses, it cannot be used retroactively.

Signature _____ Date _____

Office Use Only

Date Received _____ Date Reviewed _____

Action Taken _____

Executive or Program Director Signature _____ Date _____