



The Cabrini Fund

Catholic Charities Child Care Scholarships

**Remember to complete entire application & include:
Copies of last (4) paystubs from each parent or guardian
AND copy of last year's tax return.**

I/We declare that the information included on this form and attachment, is true, correct and complete to the best of my knowledge. We authorize the Diocese to obtain any information necessary to verify the information included in or attached to this application.

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____

Print Name _____ Print Name _____

Date: _____ Date: _____

Your application will only be considered if:

- All requested information is provided
- All required attachments are included

Please Note: Original documents will not be returned. This application, and all attachments, are handled in a confidential manner and securely stored.

Mail, deliver, or fax the completed, signed application, and all required attachments to:

The Cabrini Fund - Diocese of Providence
Catholic Social Service of RI
One Cathedral Sq.
Providence, RI 02903-4029
Fax: 401-453-6135

For further information, or to schedule an appointment for assistance with this application, contact the Diocese of Providence, Catholic Social Service of RI at 421-7833 x 223

For Office Use Only

Approved: _____ Date _____ Authorization # _____

Denied: _____ Date _____

Phone: 401-421-7833

Fax 401-453-6135

Email - fgarcia@dioceseofprovidence.org

Family Information

Complete for all adults living with the child

Relationship to Child

Circle one: Mother Stepmother Grandmother Other

Name: _____
 First MI Last

Date of Birth: Month____Day____Year____

Phone #: Day_____

 Night_____

Email: _____

Relationship to Child

Circle one: Father Stepfather Grandfather Other

Name: _____
 First MI Last

Date of Birth: Month____Day____Year____

Phone #: Day_____

 Night_____

Email: _____

Address:

 Street Apt. #/Floor

 City/Town State Zip

Total # of hours worked each week _____

Name of Employer _____

Work Phone # _____

Job Title/Rank _____

If self employed _____
 Type of work/business

Total # of hours worked each week _____

Name of Employer _____

Work Phone # _____

Job Title/Rank _____

If self employed _____
 Type of work/business

If not employed check all that apply:

Full time family care: _____
Student: _____
Disabled: _____
Retired: _____
Other: _____

Full time family care: _____
Student: _____
Disabled: _____
Retired: _____
Other: _____

Chosen Daycare or Before/After School Provider: _____

Name of Child for whom scholarship is requested: _____
(one child per household)

Who Lives in this Household?

List all children and adults (except adults previously listed)

Name:		Date of Birth	Gender	Working?
_____ First	_____ Last	_____ Month Day Year	_____ M/F	_____ Y/N
_____ First	_____ Last	_____ Month Day Year	_____ M/F	_____ Y/N
_____ First	_____ Last	_____ Month Day Year	_____ M/F	_____ Y/N
_____ First	_____ Last	_____ Month Day Year	_____ M/F	_____ Y/N
_____ First	_____ Last	_____ Month Day Year	_____ M/F	_____ Y/N

(Attach additional pages if necessary)

Family Income

This is the gross income (before any deductions) for all household members.

<u>Source</u>	<u>Amount</u>	<u>How often are you paid?</u>			
(Check all in household)		(Check one for each type of income)			
____ Employment	\$ _____	Weekly__	Bi Weekly__	Monthly__	Yearly__
____ Employment	\$ _____	Weekly__	Bi Weekly__	Monthly__	Yearly__
____ Unemployment	\$ _____	Weekly__	Bi Weekly__	Monthly__	Yearly__
____ DHS/State	\$ _____	Weekly__	Bi Weekly__	Monthly__	Yearly__
____ Child Support	\$ _____	Weekly__	Bi Weekly__	Monthly__	Yearly__
____ SSI	\$ _____	Weekly__	Bi Weekly__	Monthly__	Yearly__
____ SSD	\$ _____	Weekly__	Bi Weekly__	Monthly__	Yearly__
____ Pension	\$ _____	Weekly__	Bi Weekly__	Monthly__	Yearly__
____ Disability	\$ _____	Weekly__	Bi Weekly__	Monthly__	Yearly__
____ Other	\$ _____	Weekly__	Bi Weekly__	Monthly__	Yearly__
(Please specify) _____					

In addition to pay stubs, please attach documentation verifying other forms of income

Child Support Paid Out

Does any adult in this household pay child support for children not living in this household? Yes _____ No _____

If yes, how much was paid in the past year? \$ _____

Child Care Assistance from Department of Human Services (DHS)

Do you receive assistance from DHS in paying for child care? Yes _____ No _____

If yes, what is your DHS co-pay amount? \$ _____

Families receiving assistance from DHS may be eligible for a Cabrini Scholarship

If denied by DHS we will need a copy of denial letter.

Please add any information you would like to share with the scholarship committee:

For reporting purposes ONLY – (this information is not necessary to determine eligibility)

What is your religious affiliation? _____ Catholic _____
Name of Parish City/Town
_____ Baptist _____ Lutheran _____ Jewish _____ Muslim _____ None _____ Other _____

Please Note: You will only receive verbal notification of the results of this application if there is a current open space available. If the program has a waitlist you will be verbally contacted once a spot is open and the committee has reviewed your application for eligibility.