

October 2017

Dear Day Care Provider,

The Attleboro Area Council for Children is planning to award a \$250.00 day care scholarship to a few families who live in Attleboro, North Attleboro, Mansfield, Plainville, Norton, Seekonk and Rehoboth. The scholarship application is below.

The scholarships will be paid directly to the child care provider and are done as a surprise to the recipient on the day the tuition is usually paid. The criteria for selection is needs-based; however, families who are awarded a scholarship cannot be receiving any state or federal aid (i.e., food stamps, fuel assistance, sliding scale day care fees). The purpose of the scholarship is to assist working parents who might need a little extra financial help.

Nominations of families who would benefit from a scholarship are encouraged, as well as families applying on their own. All applications will be kept confidential. A copy of the application has been enclosed. Please feel free to duplicate it as needed. Please return the application to our office at:

Attleboro Area Council for Children
4 Hodges Street
Attleboro, MA 02703

Please call the Council office at 508-226-2336 or e-mail info@councilforchildren.org for information or with questions on this or any of our other programs.

All the best,

The Day Care Scholarship Committee

Enclosure

ATTLEBORO AREA COUNCIL FOR CHILDREN
DAY CARE SCHOLARSHIP APPLICATION

PLEASE ANSWER THE QUESTIONS AS COMPLETELY AS YOU CAN.

NAME _____

ADDRESS _____ PHONE # _____

- DO YOU RECEIVE ANY ENTITLEMENT PROGRAM? (IE: FOOD STAMPS, FUEL ASSISTANCE, SLIDING SCALE DAY CARE ASSISTANCE) YES NO

- WHAT WILL YOU DO WITH THE EXTRA MONEY AVAILABLE TO YOU WHILE THE SCHOLARSHIP PAYS FOR YOUR CHILD'S DAY CARE COSTS?

- TELL US ABOUT YOUR FAMILY. FOR EXAMPLE, HOW MANY CHILDREN ARE THERE? WHAT TYPE OF WORK DO YOU DO OUTSIDE THE HOME? WHAT TYPES OF THINGS DOES YOUR FAMILY LIKE TO DO FOR FUN?

- DO YOU VOLUNTEER YOUR TIME IN THE COMMUNITY? IF SO, WHERE?

- WHAT ELSE WOULD YOU LIKE US TO KNOW ABOUT YOU, YOUR FAMILY AND YOUR CIRCUMSTANCES?

- PLEASE GIVE US THE NAME OF YOUR DAY CARE: _____

PHONE NUMBER: _____

Please return the application to our office at:

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4 Hodges Street
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