



Agassiz Baldwin Children's Programs

20 Sacramento Street Cambridge MA 02138

Phone: 617-349-6287 Fax: 617-497-4388

www.agassiz.org

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: _____

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