

Phyllis Bodel Childcare Center at Yale School of Medicine, Inc.

367 Cedar St, New Haven, CT 06510

203-785-3829 / Fax 203-785-3827

Email: phyllisbodel@gmail.com

Application Form

A non-refundable processing fee of \$37.00 is due with this application form.

If you are filling out this application before the birth of your child, you *must* call us *after* the birth of your child. Only completed applications will be considered for enrollment. Thank you.

Today's Date: _____

Child's Name: _____

Sex: _____

Address: _____

Phone: _____

Date of Birth or Expected Date of Birth: _____

Preferred Starting date: _____

1st Parent's Name: _____

Occupation: _____

Job Title: _____

Department Affiliation: _____

Work Address: _____

Email Address: _____

Please check Appointment Parent 1

YSM Ladder Faculty

- Professor
- Associate Professor with Tenure
- Associate Professor
- Assistant Professor

YSM Affiliation

- Research Faculty
- Instructor/Lecturer
- Postdoctoral Fellow/Associate
- Student
- Staff
- Voluntary Faculty
- YNH House Staff

Other Yale Affiliation

(describe) _____

2nd Parent's Name: _____

Occupation: _____

Job Title: _____

Department Affiliation: _____

Work Address: _____

Email Address: _____

Please check Appointment Parent 2

YSM Ladder Faculty

- Professor
- Associate Professor with Tenure
- Associate Professor
- Assistant Professor

YSM Affiliation

- Research Faculty
- Instructor/Lecturer
- Postdoctoral Fellow/Associate
- Student
- Staff
- Voluntary Faculty
- YNH House Staff

Other Yale Affiliation

(describe) _____

Enrollment of children in the Program involves a consideration of the date of application and the age of the child.

Full Time: _____

Part Time: M _____ T _____ W _____ Th _____ F _____

****Processing fee received:***

CK # _____ Cash _____

****This portion to be completed by Phyllis Bodel staff***

Demographic Questionnaire (Optional)

Parent A:

Yale Affiliation:

- Affiliated with a department/college other than Yale School of Medicine
- Professor
- Assoc. Professor with Tenure
- Assoc. Professor
- Asst. Professor
- Research Faculty
- Instructor/Lecturer
- Postdoctoral Fellow/Associate
- Student
- Voluntary Faculty
- YNHH House Staff
- Not affiliated with Yale

1. Ethnicity: Are you Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected)

- Mexican
- Puerto Rican
- Chicano/a
- Mexican American
- Cuban
- Unknown
- Another Hispanic, Latino/a, or Spanish Origin (explain) _____
- Not of Hispanic, Latino/a, or Spanish origin
- Would prefer not to answer

2. Race: What is your race? (One or more categories may be selected)

- Native American or Alaska Native
- Black or African American
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian _____
- White
- Native Hawaiian
- Samoan
- Guamanian/Chamorro
- Other Pacific Islander _____
- Other Race _____
- Would prefer not to answer

Parent B:

____ NA

Yale Affiliation:

____ Affiliated with a department/college other than Yale School of Medicine

____ Professor

____ Assoc. Professor with Tenure

____ Assoc. Professor

____ Asst. Professor

____ Research Faculty

____ Instructor/Lecturer

____ Postdoctoral Fellow/Associate

____ Student

____ Voluntary Faculty

____ YNHH House Staff

____ Not affiliated with Yale

1. Ethnicity: Are you Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected)

____ Mexican

____ Puerto Rican

____ Chicano/a

____ Mexican American

____ Cuban

____ Unknown

____ Another Hispanic, Latino/a, or Spanish Origin (explain) _____

____ Not of Hispanic, Latino/a, or Spanish origin ____ Would prefer not to answer

2. Race: What is your race? (One or more categories may be selected)

____ Native American or Alaska Native

____ Black or African American

____ Asian Indian

____ Chinese

____ Filipino

____ Japanese

____ Korean

____ Vietnamese

____ Other Asian _____

____ White

____ Native Hawaiian

____ Samoan

____ Guamanian/Chamorro

____ Other Pacific Islander _____

____ Other Race _____ ____ Would prefer not to answer

Scholarship Instructions and Guidelines

Scholarship applications for the 2022-2023 Academic Year may be submitted beginning February 1, 2022. All sections of the application must be completed, and proof of income must be attached. Proof of income must include W2s from 2021. If no W2s are available, please speak with the Executive Director to determine what other proofs of income might be acceptable.

Award letters will be sent to families in mid spring and scholarships will go into effect July 1, 2022.

Guidelines are as follows:

- Scholarship applications will be considered in the order they are received, so families are encouraged to submit applications as early as possible. The earliest date to submit an application is February 1st.
- Scholarships will be awarded only to School of Medicine Faculty, Staff or Students who qualify.
- Gross Annual Household Income must be below \$118,000.
- Priority is given as follows:
 - Immediate priority is given to Bodell families awarded scholarships during the 2021-2022 Academic Year.
 - Secondary priority is given to enrolled families who applied for but were not awarded a scholarship in previous years.
 - Third priority is given to families new to Bodell.
 - Within each of the above groups, priority is given as follows:
 - Single parent families
 - Dual income families (two parents, both employed so that no parent is available to care for the child(ren))
 - If funding is still available after all of the above classified applications have been considered, single income families with one parent at home will be considered.

Phyllis Bodel Childcare Center
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New Haven, CT 06510
(203) 785-3829

Scholarship Application

July ___ 20___ to July ___ 20___

Child's Name: _____ Date of Birth: _____

Address: _____

1st Parent's Name: _____

Address: _____

_____ Telephone (home) _____

Employment (give employer's name, address, your position): _____

Telephone (work): _____

Email: _____

2nd Parent's name: _____

Address: _____

_____ Telephone (home) _____

Employment (give employer's name, address, your position): _____

Telephone (work): _____

Email: _____

Siblings: (give name, age and school) _____

Income (gross) of 1st parent: _____

Income (gross) of 2nd parent: _____

Any other significant income: _____

Any other financial support (personal contributions, institutional contributions) _____

Factors contributing to financial needs (outstanding loans, mortgages, etc.) _____

Please submit this application along with the previous year's copy of your W2's to the Phyllis Bodel Childcare Center's Director.

1st Parent's Signature: _____ Date: _____

2nd Parent's Signature: _____ Date: _____