

Phyllis Bodel Childcare Center At
Yale School of Medicine, Inc.
367 Cedar St.
New Haven, CT 06510
(203) 785-3829

Scholarship Application

July ___ 20___ to July ___ 20___

Child's Name: _____

Address: _____

1st Parent's Name: _____

Address: _____

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

Telephone (work): _____

Email: _____

2nd Parent's name: _____

Address: _____

_____ Telephone (home) _____

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 a 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: _____