

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
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: _____ 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: _____

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

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