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 Bodel 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 Bodel.
  - 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

_____ 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