

**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: \_\_\_\_\_

1<sup>st</sup> Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone (work): \_\_\_\_\_

Email: \_\_\_\_\_

2<sup>nd</sup> Parent's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone (home) \_\_\_\_\_

Telephone (work): \_\_\_\_\_

Email: \_\_\_\_\_

Siblings: (give name, age and school) \_\_\_\_\_

Income (gross) of 1<sup>st</sup> parent: \_\_\_\_\_

Income (gross) of 2<sup>nd</sup> 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.

1<sup>st</sup> Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_