

# ***TERRY CAMPUS CHILD CARE SCHOLARSHIP***

## **Purpose:**

To provide funding to help offset the cost of childcare for Terry Campus students. Applicant must be enrolled in a diploma or degree program at Delaware Technical & Community College, Terry Campus. The amount will be determined by the committee and available funds.

## **Applicant Must:**

1. Complete the Scholarship Application
2. Complete Financial Aid Packet
3. Register with the Child Development Center
4. Be accepted into a diploma or degree program
5. Attach copy of Child Development Center Child Care Schedule Request for the semester

## **Criteria:**

Applicant must be enrolled in a diploma or degree program at Delaware Technical & Community College, Terry Campus. The amount will be determined by the committee and available funds. Selection will be based on need.

## **Restriction:**

This scholarship is to be used for child care expenses at the Terry Campus Child Development Center.

**TERRY CAMPUS CHILD CARE  
SCHOLARSHIP**

**Scholarship Application**

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone number \_\_\_\_\_

Work phone number \_\_\_\_\_

List children in household \_\_\_\_\_ Age of children \_\_\_\_\_

---

---

---

Is your child presently enrolled in the Child Development Center? \_\_\_\_\_

Is our child on the waiting list with the Child Development Center? \_\_\_\_\_

Do you receive Purchase of Care? \_\_\_\_\_ If yes, please attach a copy of  
SUBSIDIZED CHILD CARE AGREEMENT OR LICENT DAY CARE PAYMENT.

Do you qualify for Purchase of Care? \_\_\_\_\_

Do you qualify for Purchase of Care and prefer not to utilize? \_\_\_\_\_

Please explain why you would like to be considered for the Terry Campus Child Care Scholarship. Please attach information regarding your qualifications and why you need or deserve a scholarship. State any pertinent information or special circumstances.

*Your signature authorizes the College Registrar & Financial Aid Officer to forward copies of all transcripts, and financial aid forms to the scholarship committee.*

I CERTIFY THAT ALL THE ABOVE INFORMATION IS COMPLETE AND ACCURATE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SCHOLARSHIP AVAILABILITY CONTINGENT UPON FUNDING**