



ABC of NC Child Development Center

905 Friedberg Church Rd
Winston Salem, NC 27127

(336)251-1180 (o)
(336)251-1181 (f)

Summer Program Scholarship Application

Child's Name: _____ Date: _____

Application Completed By: _____

Relationship to child: _____

In order to ensure that your child's summer program scholarship is considered, please read the following guidelines carefully before completing the application.

- **Attach a copy of your most recent federal tax return (form 1040), submitted within the last 18 months, for every member of your household who filed, including children, showing income and expenses reported to the Internal Revenue Service. If you are exempt from filing, based on IRS requirements, you must attach document(s) showing ALL annual income for the last 12 months [e.g. social security statement(s), unemployment wage summary(ies), W-2(s), 1099's, interest statements, Medicaid statements, etc.] for every member of your household. If your employment situation has changed since the completion of your most recent tax return, you must provide formal documentation from an employer, former employer, the social security administration, or other official representative.**
- **All parent(s)/legal guardian(s) must sign the signature line(s) on page 4.**

Client Information

Last Name:		First Name:		Middle Name:	
Date of Birth:	Sex/Gender:	Social Security Number:		Preferred Name:	
Race/Ethnicity:		Child lives with:		Primary Language:	
Street Address:					
City:		State:	Zip:	County:	
Primary Diagnosis:		If other(s), please specify:			

Parent/Guardian (A) Information

Last Name:		First Name:		Middle Name:	
Date of Birth:	Sex/Gender:	Race/Ethnicity:		Preferred Name:	
Relationship to Student:			Profession:		
Street Address:					
City:		State:	Zip:	County:	
Email Address:		Primary Language:		Education Level:	
Home Phone:		Cell Phone:		Business Phone:	

Parent/Guardian (B) Information

Last Name:		First Name:		Middle Name:	
Date of Birth:	Sex/Gender:	Race/Ethnicity:		Preferred Name:	
Relationship to Student:			Profession:		
Street Address:					
City:		State:	Zip:	County:	
Email Address:		Race/Ethnicity:		Education Level:	
Home Phone:		Cell Phone:		Business Phone:	

Legal Information

Has the court ever been involved in granting custody?	If yes, when and why?
Who has legal custody of the child?	

Please explain any unusual family expenses or financial circumstances that may alter the information found on your tax return (e.g. recent unemployment, death, etc.)

Event/Situation	Date(s)

Financial Information

List any family member currently receiving assistance from any governmental agency (e.g. DSS, DHHS, CAP, public housing assistance, food stamps, unemployment, social security, etc.) not reflected on your tax return.

Source of Support	Person Receiving Support	Average Monthly Amount	Comments

Additional Information

Have you ever previously applied for an ABC of NC scholarship or financial aid?	Have you ever received an ABC of NC scholarship or financial aid?
Have you ever received services through ABC of NC or the Autism Clinic? If so, indicate service(s) and date(s).	Are you currently receiving services through ABC of NC or the Autism Clinic? If so, indicate service(s) and start date.

Statement of Need

Provide a statement of need/explanation of why your family should be considered for a summer program scholarship. Please write in the space below or attach a typed statement.
