



**Remember to complete entire application & include:
Copies of last (4) paystubs from each parent or guardian
OR copy of last year's tax return & 1 paystub from each.**

I/We declare that the information included on this form and attachment, is true, correct and complete to the best of my knowledge. We authorize the Diocese to obtain any information necessary to verify the information included in or attached to this application.

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____

Print Name _____ Print Name _____

Date: _____ Date: _____

Your application will only be considered if:

- All requested information is provided
- All required attachments are included

Please Note: Original documents will not be returned. This application, and all attachments, are handled in a confidential manner and securely stored.

Mail or Deliver the completed, signed application,
And all attachment to:

**The Cabrini Fund
Diocese of Providence
Catholic Social Services of RI
One Cathedral Sq.
Providence, RI 02903-4029**

Fax: 401-453-6135

For further information, or to schedule an appointment for assistance with this application, contact the Diocese of Providence, Catholic Social Services of RI at 421-7833 x 223

For Office Use Only

Approved: _____ Authorization # _____
Date

Denied: _____
Date

**Phone: 401-421-7833
Fax 401-453-6135**

Family Information

Complete for all adults living with the child(ren)

Circle one:

Circle one: Mother Stepmother Grandmother Other

Circle one:

Circle one: Father Stepfather Grandfather Other

Name: _____
Last First MI

Name: _____
Last First MI

Date of Birth: Month ___ Day ___ Year ___

Date of Birth: Month ___ Day ___ Year ___

Phone #: Day _____
(Area Code)
Night _____
(Area Code)

Phone #: Day _____
(Area Code)
Night _____
(Area Code)

Address

Street Apt. #/Floor

City/Town State Zip

Total # of hour worked each week _____

Total # of hour worked each week _____

Name of Employer _____

Name of Employer _____

Work Phone # _____

Work Phone # _____

Job Title/Rank _____

Job Title/Rank _____

If self employed _____
Type of work/business

If self employed _____
Type of work/business

If not employed check all that apply:

Full time family care: _____
Student: _____
Disabled: _____
Retired: _____
Other: _____

Full time family care: _____
Student: _____
Disabled: _____
Retired: _____
Other: _____

Chosen Daycare or Before/After school Provider: _____

Name of Child for whom scholarship is requested: _____
(one child per household)

Who else lives in this household?
List all children and adults (except adults listed on opposite page).

Name:		Date of Birth	Gender	Working?
_____ Last	_____ First	_____ Month Day Year	_____ M/F	_____ Y/N
_____ Last	_____ First	_____ Month Day Year	_____ M/F	_____ Y/N
_____ Last	_____ First	_____ Month Day Year	_____ M/F	_____ Y/N
_____ Last	_____ First	_____ Month Day Year	_____ M/F	_____ Y/N
_____ Last	_____ First	_____ Month Day Year	_____ M/F	_____ Y/N

(Attach additional pages if necessary)

Name of Child for whom scholarship is requested:

Family Income

This is the gross income (before any deductions) for all household members.

<u>Source</u>	<u>Amount</u>	<u>How often are you paid?</u>			
(Check all in household)		(Check one for each type of income)			
____ Employment	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
____ Employment	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
____ Unemployment	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
____ DHS/State	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
____ Child Support	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
____ SSI	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
____ SSD	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
____ Pension	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
____ Disability	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
____ Other	\$ _____	Weekly ___	Bi Weekly ___	Monthly ___	Yearly ___
(Please specify) _____					

In addition to paystubs, please attach documentation verifying other forms of income.

Child Support Paid

Does any adult in this household pay child support for children not living in this household? Yes _____ No _____

If yes, how much was paid in the past year? \$ _____

Child Care Assistance from Department of Human Services (DHS)

Do you receive assistance from DHS in paying fro child care? Yes _____ No _____

If yes, what is your DHS Co-pay amount? \$ _____

Families receiving assistance from DHS may be eligible for a Cabrini Scholarship!

If denied by DHS we will need a copy of denial letter.

Please add any information you would like to share with the scholarship committee:

For reporting purposes ONLY – (this information is not necessary to determine eligibility)

What is your religious affiliation: _____ Catholic _____
Name of Parish City/Town

____ Baptist ____ Lutheran ____ Jewish ____ Muslim ____ None

Other (please specify) _____