



Nana's House Child Care Center, Inc.  
 219 Lake Louise Marie Road  
 Rock Hill, NY 12775  
 T: (845) 794-3826  
 F: (845) 794-3768

## Nana's House Child Care Center, Inc. Scholarship Application

Full Name of Primary Applicant \_\_\_\_\_

Full Name of Secondary Applicant \_\_\_\_\_

Home Address (No PO Boxes) \_\_\_\_\_

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

Is Sullivan County your primary residence *Circle One:* Yes No  
 (More than 51% of the year)

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Annual Household Income (*Please use dollars and cents*) \_\_\_\_\_

Child's Full Name \_\_\_\_\_ *Circle One:* Full Time Part Time

Child's Full Name \_\_\_\_\_ *Circle One:* Full Time Part Time

**Which Scholarship are you applying for? *Circle One:***

**Pat Kennedy Memorial Scholarship**  
 (Discount/free on childcare)

**Nana's House Dance Company Scholarship**  
 (Discount/free dance classes)

I (*Circle One*) AM/AM NOT able to supply my most recent two (2) payroll stubs.

I (*Circle One*) CAN/CANNOT supply my most recent tax return.

\_\_\_\_\_  
 Signature of Primary Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Secondary Applicant

\_\_\_\_\_  
 Date

How did you hear about us? Internet Newspaper Friend Other

How did you hear about the scholarship? Internet Newspaper Friend Other