



# DOWNTOWN BALTIMORE CHILD CARE, Inc.

237 N. Arch Street, Baltimore, MD 21201-1526 • 410-659-0515 • Fax 410-659-0685

A Non-Profit Organization

[www.dbcckids.org](http://www.dbcckids.org)

## DBCC Scholarship Procedure

When applying for DBCC's financial aid, please use the following procedures:

### First Applications

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1. Fill out the DBCC Financial Aid Application, sign, and return it to the DBCC office.
2. The following documentation must accompany the completed Financial Aid application:
  - a. The most recent Federal Income Tax Return, Form 1040, 1040A, 1040EZ, or Telefile documentation.
3. Income guidelines for scholarship eligibility, which will be based on the taxable income as noted on Federal Tax returns, are as follows:

<i>Income Range</i>		<i>Award Eligibility</i>
\$10,000 - \$50,000	up to	50%
\$50,000 - \$60,000	up to	40%
\$60,000 - \$70,000	up to	25%
\$70,000 - \$75,000	up to	10%

4. Awards will be made on first-come, first-served rolling basis until the available scholarship funds are used.

### Renewal Applications

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1. Submit most recent Federal Income Tax Return, Form 1040, 1040A, 1040EZ, or Telefile documentation along with the most recent W2 to the DBCC office.



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## DBCC Application for Financial Aid

*This information will be considered strictly confidential. It will not be made available to any individual or group not directly involved with the granting of financial assistance by Downtown Baltimore Child Care, Inc.*

**Child's Name:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Parent's Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Annual Gross Income: \_\_\_\_\_

**Co-Parent's Name:** \_\_\_\_\_

Co-Parent's Address: \_\_\_\_\_

Co-Parent's Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Annual Gross Income: \_\_\_\_\_

**Other Dependent Children:**

<i>Name</i>	<i>Age</i>	<i>School</i>	<i>Current Tuition or Child Care Fee</i>
_____	_____	_____	_____
_____	_____	_____	_____

**Please list any other dependents:**

\_\_\_\_\_  
\_\_\_\_\_

Are there any other funds that may be available to support your child's education, such as child support, employer-sponsored scholarships, or aid from relatives, friends, organizations, or agencies?

Signed (parent): \_\_\_\_\_

Date: \_\_\_\_\_

Signed (co-parent): \_\_\_\_\_

Date: \_\_\_\_\_