



2017-18 Scholarship Application

Thank you for your interest in Moms of Littles! If you need financial assistance, please complete this scholarship application. All information contained on this form will be kept strictly confidential. Because of the large number of requests, we can only offer partial scholarships and require a minimum payment of \$45.

Applicant Information		
Name:		
Email Address:		Phone:
Current address:		
City:	State:	ZIP Code:
Current Employer (if applicable):		
Moms of Littles AM or PM?		
Spouse Information		
Name:		
Occupation:		
Current Employer:		
Child(ren) Information		
Name:	Date of Birth:	
Name:	Date of Birth:	
Name:	Date of Birth:	
Name:	Date of Birth:	
Name:	Date of Birth:	
Request for Reduction of Fees		
I am requesting that the Moms of Littles registration fee of \$90 be reduced by:		
<input type="checkbox"/> 10% (\$9 off) <input type="checkbox"/> 25% (\$22.50 off) <input type="checkbox"/> 50% (\$45 off)		

I am requesting a waiver of the above fee because (check as many as apply to you):

- I am a single mother
- I am the wife of a deployed, enlisted soldier
- Both my husband and I are unemployed
- I have major medical expenses
- My family is considered "low income" by California standards
- Other (please explain):

Ability to Pay

I have thought about and prayerfully considered my financial situation and spending habits.	Initial here:
If my financial situation changes, I will inform the Moms of Littles Coordinator immediately so the scholarship money can be made available to meet another woman's financial need.	Initial here:

Signature

Signature of applicant:	Date:
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Please return this completed scholarship application AND your Moms of Littles registration form to the AM or PM Coordinator or return by mail to: LBC Moms of Littles, 2801 Ashe Road, Bakersfield, CA 93309.

For questions, please contact:

Meghan Underwood (Moms AM) – meghan.r.underwood@gmail.com or 661-340-2165
 Jill Morrison (Moms PM) – mom2lhigf@gmail.com or 661-472-7250

For Office Use:

Application received by Moms Coordinator	Date:
Application APPROVED Specify conditions:	Date:
Application DENIED Reason for denial:	Date:
Coordinator informed applicant of decision: <input type="checkbox"/> By letter <input type="checkbox"/> By email <input type="checkbox"/> By phone <input type="checkbox"/> In person	Date: