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 fax the completed, signed application, and all required attachments to:

The Cabrini Fund - Diocese of Providence
One Cathedral Sq.
Providence, RI 02903-4029
Fax: 401-453-6135

For further information, or assistance with this application, contact the Diocese of Providence, Catholic Social Service of RI at 421-7833 x 223

Phone: 401-421-7833
Fax 401-453-6135
Email - fgarcia@dioceseofprovidence.org
Family Information
Complete for all adults living with the child

Relationship to Child
Circle one:  Mother  Stepmother  Grandmother  Other
Name: ____________________________
First  MI  Last

Relationship to Child
Circle one:  Father  Stepmother  Grandfather  Other
Name: ____________________________
First  MI  Last

Date of Birth:  Month____ Day____ Year____

Date of Birth:  Month____ Day____ Year____

Phone #:  Day_________________________

Phone #:  Day_________________________

                     Night_____________________
                     Night_____________________

Email: ____________________________

Email: ____________________________

Address:

                            Street

                                      Apt. #/Floor

                                      City/Town

                                      State

                                      Zip

Total # of hours worked each week _________

Name of Employer___________________________

Name of Employer___________________________

Work Phone #_______________________________

Work Phone #_______________________________

Job Title/Rank_______________________________

Job Title/Rank_______________________________

If self employed______________________________

If self employed______________________________

  Type of work/business

  Type of work/business

If not employed check all that apply:

Full time family care: _________  Full time family care: _________
Student: ____________  Student: ____________
Disabled: ____________  Disabled: ____________
Retired: ____________  Retired: ____________
Other: ____________  Other: ____________

Chosen Daycare or Before/After School Provider: ____________________________

Name of Child for whom scholarship is requested: ____________________________
(one child per household)
**Who Lives in this Household?**
List all children and adults (except adults previously listed)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Working?</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Last</td>
<td>Month</td>
<td>M/F</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year</td>
<td></td>
</tr>
<tr>
<td>First</td>
<td>Last</td>
<td>Month</td>
<td>M/F</td>
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<td>Day</td>
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<td>Year</td>
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<td>First</td>
<td>Last</td>
<td>Month</td>
<td>M/F</td>
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<td>Day</td>
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<td>Year</td>
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<td>First</td>
<td>Last</td>
<td>Month</td>
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<td></td>
<td></td>
<td>Day</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year</td>
<td></td>
</tr>
</tbody>
</table>

(Attach additional pages if necessary)

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>How often are you paid?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Check all in household)</td>
<td></td>
<td>(Check one for each type of income)</td>
</tr>
<tr>
<td>Employment</td>
<td>$_________</td>
<td>Weekly___ Bi Weekly___ Monthly ___ Yearly ___</td>
</tr>
<tr>
<td>Employment</td>
<td>$_________</td>
<td>Weekly___ Bi Weekly___ Monthly ___ Yearly ___</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$_________</td>
<td>Weekly___ Bi Weekly___ Monthly ___ Yearly ___</td>
</tr>
<tr>
<td>DHS/State</td>
<td>$_________</td>
<td>Weekly___ Bi Weekly___ Monthly ___ Yearly ___</td>
</tr>
<tr>
<td>Child Support</td>
<td>$_________</td>
<td>Weekly___ Bi Weekly___ Monthly ___ Yearly ___</td>
</tr>
<tr>
<td>SSI</td>
<td>$_________</td>
<td>Weekly___ Bi Weekly___ Monthly ___ Yearly ___</td>
</tr>
<tr>
<td>SSD</td>
<td>$_________</td>
<td>Weekly___ Bi Weekly___ Monthly ___ Yearly ___</td>
</tr>
<tr>
<td>Pension</td>
<td>$_________</td>
<td>Weekly___ Bi Weekly___ Monthly ___ Yearly ___</td>
</tr>
<tr>
<td>Disability</td>
<td>$_________</td>
<td>Weekly___ Bi Weekly___ Monthly ___ Yearly ___</td>
</tr>
<tr>
<td>Other</td>
<td>$_________</td>
<td>Weekly___ Bi Weekly___ Monthly ___ Yearly ___</td>
</tr>
</tbody>
</table>

(Please specify) ____________________________

In addition to pay stubs, please attach documentation verifying other forms of income

Cabrini Fund Application Page 3
Child Support Paid Out

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 for 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 Note: You will only receive verbal notification of the results of this application if there is a current open space available. If the program has a waitlist you will be verbally contacted once a spot is open and the committee has reviewed your application for eligibility.

Cabrini Fund Application  Page 4