MARIN EDUCATION FUND

Everyone should have a chance at college.

school year 2009 - 2010

CHILD CARE SCHOLARSHIP APPLICATION

Academic Year 2009 - 2010

PROVIDER VERIFICATION FORM

Directions:
Give to Child Care Provider to complete. Submit completed form with the application packet.

1. Family Information (for additional children, please see the back of this form)

1. Parent name: ______________________________

2. Child's name: ______________________________

3. Child's date of birth: _______ / _____ / __________ 4. Child's age: ____________________

5. Child's social security number: ___________ -- __________ -- __________ (optional)

6. Date child started/will start attendance: ___________ / _____ / __________

7. Date child is scheduled to end attendance: _________ / _____ / __________ OR no end date (circle)

2. Provider Information

1. Provider name: ______________________________

2. Mailing address: ______________________________

3. City: ______________________ State: ____________ Zip: ____________

4.Contact person: ______________________ Phone number: ____________________

3. Provider Cost Information (for additional children, please see the back of this form)

For the months the child will be enrolled at your facility, please indicate the total child care cost per month.

2009	Sept	Oct	Nov	Dec	**2010**	Jan	Feb	Mar	Apr	May
	$_____	$_____	$_____	$_____		$______	$______	$______	$______	$______

If the parent will be receiving other financial assistance to pay for child care, please indicate here:

Source: ____________________ Amount: $ __________ Start: ________ End: ________

4. Provider Licensure Information

Please provide the following information with this form

- A copy of your state child care license
- A copy of your IRS Form W9, "Request for Taxpayer Identification Number and Certification." If you do not have a W9 Form, please request one from Marin Education Fund's Scholarships Department.

5. Provider Signature: ______________________________ Date: ______________

781 Lincoln Avenue • Suite 140 • San Rafael, CA 94901 • Tel 415.459.4240 • Fax 415.459.0527
www.marineducationfund.org • info@marineducationfund.org

Additional Children

Child 2: Family Information

1. Child's name: ____

2. Child's date of birth: ________ / ______ / ____________ 3. Child's age: ______________________

4. Child's social security number: _____________ -- ___________ -- ___________ (optional)

5. Date child started/will start attendance: ____________ / ______ / ____________

6. Date child is scheduled to end attendance: __________ / ______ / ____________ OR no end date (circle)

Child 2: Provider Cost Information

For the months the child will be enrolled at your facility, please indicate the total child care cost per month.

2009	Sept	Oct	Nov	Dec	**2010**	Jan	Feb	Mar	Apr	May
	$_____	$_____	$_____	$_____		$______	$______	$______	$______	$______

If the parent will be receiving other financial assistance to pay for child care, please indicate here:

Source: ____________________ Amount: $___________ Start: _________ End: ________

Child 3: Family Information

1. Child's name: ____

2. Child's date of birth: ________ / ______ / ____________ 3. Child's age: ______________________

4. Child's social security number: _____________ -- ___________ -- ___________ (optional)

5. Date child started/will start attendance: ____________ / ______ / ____________

6. Date child is scheduled to end attendance: __________ / ______ / ____________ OR no end date (circle)

Child 3: Provider Cost Information

For the months the child will be enrolled at your facility, please indicate the total child care cost per month.

2009	Sept	Oct	Nov	Dec	**2010**	Jan	Feb	Mar	Apr	May
	$_____	$_____	$_____	$_____		$______	$______	$______	$______	$______ `

If the parent will be receiving other financial assistance to pay for child care, please indicate here:

Source: ____________________ Amount: $___________ Start: _________ End: ________

Provider Signature: ____ Date: _______________

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