

Project Bridges

Language Scholarship Entrance Application

Child's Name _____ Child's Birthdate _____

Languages Child Speaks _____

Home Address _____

Home Phone _____ Emergency Phone _____

Father's Name _____

Place of Employment _____ Work Phone _____

Work Address _____

Mother's Name _____

Place of Employment _____ Work Phone _____

Work Address _____

Please circle the days you would like your child to attend Project Bridges Language Scholarship program: **Mon & Wed** OR **Tues & Thurs**

I need additional days of childcare or a different schedule if possible. Yes / No

How did you hear about our Language Scholarship program? _____

*Language Scholarship hours are 8:00 am to 4:00 pm.

*Parents are responsible for a weekly co-payment of \$20 per child.

Our waiting list is comprised of applications for entrance. Only by returning this form, can you be assured of your child's name being placed on the waiting list for the Language Scholarship program.

Parent Signature _____

Date _____