

5 Callender Street, Cambridge, MA 02139 | 617-547-6811 | www.cambridgecc.org | info@cambridgecc.org

Out-of-School Time Programs

Scholarship Application

We make every effort to make our programs accessible to the entire community. Scholarships are given out based on financial need and distributed until all scholarship funds are depleted.

Name of Child:	Birth Date:// Age:
Primary Street Address:	
City: State:	Zip Code:
Parent(s)/Guardian(s) Name(s):	
Home Phone:	Cell Phone:
Primary Email: Se	econdary Email:
Are you applying for scholarships for more than on If yes, please provide names of other children: Total number of children under the age of 18 living	
Total number of adults over the age of 18 living in the household:	
To process your scholarship application the CCC needs:	
 OR Most recent tax returns from **OR** Letter on company letterhed per week, and hourly pay rate from 	_
By signing this document, I affirm that all of the info Center is accurate.	ormation provided to the Cambridge Community
Signature: Print Name:	//