

HOWELL TOWNSHIP POLICE ATHLETIC LEAGUE

P.O. Box 713 • 115 Kent Rd., Howell, NJ 07731
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www.howellpal.org



School Scholarship Application

1. You must first contact Jennifer Daley-Sommers at Child Care Resources (732-918-9901, ext 138) to determine if you qualify for tuition assistance from their organization. Provide information below regarding phone call.

Date of phone call:

Outcome of phone call:

2. Please fill in each line below by printing clearly. Incomplete information will not be processed.

Parents / Guardians Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Email Address: _____

Name of Participant: _____ Age: _____

Program Name: _____ Days per Week Attending: _____

3. Submit completed copy of last year's **Federal** and **State Income Tax Returns** for **ALL** household members. *Tax returns must include the signatures of the taxpayers, all applicable schedules and copies of W-2 Forms.*
4. Submit copies of the **2 most recent pay stubs** showing year-to-date amounts for each parent/guardian.
5. If applicable, submit copy(s) of all **other forms of income** including unemployment statement.
6. If applicable, submit copy(s) of all **other forms of assistance** including Food Stamps, Free/Discounted Lunch Program and Other Government Assistance.
7. Provide in writing any **other unusual circumstances** that Howell P.A.L. should take into consideration when evaluating your School Care Scholarship Request.

I certify that all of the information being submitted is true and correct. I understand that the Police Athletic League of Howell Township may verify the information submitted.

SIGNATURE: _____

DATE: _____

Please note that scholarships are very limited. Failure to submit all applicable items above will delay the review of your School Care Scholarship Request.