

HOWELL TOWNSHIP POLICE ATHLETIC LEAGUE

P.O. Box 713 • 115 Kent Rd., Howell, NJ 07731
Phone: 732.919.2825 • Fax: 732.919.1212
www.howellpal.org



Childcare Scholarship Application – 2024/25 School Year

1. If you live in Monmouth County, you must first contact Child Care Resources (CCR) at 732-918-9901, ext. 3 to determine if you pre-qualify for financial assistance from their organization. Or if you live in Ocean County, you must first contact Children’s Home Society (CHS) at 732-557-9633. Provide outcome of your call below:

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 #1: _____ Date of Birth: (month) ____ (year): ____

Program: _____ # of Days per Week: ____ # of hours per day (Preschool only): ____

Name of Participant #2: _____ Date of Birth: (month) ____ (year): ____

Program: _____ # of Days per Week: ____ # of hours per day (Preschool only): ____

Submit following information to the main PAL Office:

3. Completed copy of the 2023 **Federal Income Tax Return** and **State Income Tax Return** for **ALL** household members. *Tax returns must include signatures of the taxpayers, all applicable schedules and copies of W-2’s.*
4. Copies of the **2 most recent pay stubs** showing year-to-date amounts for each parent/guardian.
5. If applicable, copy(s) of all **other forms of income** including social security, unemployment and child support.
6. If applicable, 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 or extenuating circumstances** that Howell PAL 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 Childcare Scholarship Request.**