



Harbor Child Care
Scholarship Agreement Form

Family Name _____ Center _____

Family Size _____ Gross Income _____

Scholarship Agreement Amount _____ Scholarship Expiration Date _____

Comments (if any) _____

Scholarships are given based on Gross Income Levels. If your circumstance changes, you must immediately notify Harbor's Business Office or this scholarship is null and void. You will be liable for all scholarship amounts received as if no scholarship has been awarded. This scholarship expires on the date specified above. If you wish to renew or reapply, you need to complete a new Scholarship Application 30 days prior to your expiration date.

Support of our various fundraisers, activities, and community events is mandatory for all scholarship recipients. Please get in touch with your center Director to see how you can help.

By signing this form you are accepting the terms of this scholarship.

Parent Signature _____ Date _____

Center Director _____ Date _____

Executive Office Signature _____ Date _____