



Bright Horizons at St. Joseph Hospital Oakland Scholarship Application

SJMH Employee Parent/Guardian Information: Second Parent/Guardian Information:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Department: _____	Employer: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Email Address: _____	Email Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____

Child's Name: _____ Date of Birth: _____

Total Annual Family Income \$ _____

Please attach copies of the following:

- Latest Income Tax Return Filed
- Copy of Most recent Pay Stub
- Copy of Most Recent Pay Stub of other parent or adult listed on tax return

Applications will not be accepted without tax return.

I certify the above information is true and correct. I will notify Bright Horizons of any status changes that would make me ineligible to receive the scholarship.

Employee Signature

Date

For Administrative Use:

Date EIF Received: _____

Date Info Entered Into IMS: _____