



CHILD SAFETY SEAT ASSISTANCE PROGRAM APPLICATION FOR SCHOLARSHIP

Please submit this application, **along with proof of income** to Janie Walther.
Email: janie.walther@owensborohealth.org
Mailing Address: P. O. Box 20007, Owensboro, KY 42304, ATTN: Janie Walther

PERSONAL INFORMATION

Last Name _____ First _____ MI _____
Address _____ Birth Date _____
City _____ State _____ Zip _____
Phone _____ Cell Phone _____

HOUSEHOLD INFORMATION

Please list all individuals sharing your household including yourself and children.

NAME	AGE	RELATIONSHIP	MONTHLY INCOME

HOUSING

Check one: Rent Own Other

How long have you been at your present address? _____

EMPLOYMENT INFORMATION

Applicant's employment status: Employed
(Check one) Unemployed/Benefits
 Unemployed
 Retired
 Disabled

Name of Employer _____

Spouse's employment status: Employed
(Check one) Unemployed/Benefits
 Unemployed
 Retired
 Disabled

Name of Employer _____

OFFICE USE ONLY: APPROVED - YES OR NO	
DATE	
TYPE OF SEAT 1	
COST OF SEAT 1	
TYPE OF SEAT 2	
COST OF SEAT 2	

By signing below, I acknowledge that all of the information I have provided in this application is true and correct.

Applicant's Signature _____ Date _____