



## The Division of Medical Sciences Childcare Scholarship Application Form

Please complete all fields and submit all relevant paperwork by the deadline. Checks will be mailed at the end of each semester. We currently anticipate awarding amounts of \$2,500.00 per family per semester.

### Eligibility criteria (subject to change):

- You must be a Division of Medical Sciences student.
- Be a registered student in good academic standing.
- Have children who must
  - Be your legal dependent.
  - Live with you in the United States.

### What we require (subject to change):

- Completed form

### Details (subject to change):

- The scholarship will be distributed twice a year, half at the end of the fall semester and half at the end of the spring semester by check sent to your home address.
- The scholarship is per family, not per child.
- This scholarship is considered income and will need to be declared on your taxes. You will receive a 10-99 form from Harvard University.
- Those deferring during the award year may not be eligible for the entire annual scholarship. Funding will be considered on a case by case basis.
- Those who will be having a child during the academic year are eligible to apply. Please list due date in date of birth field. Due date will determine eligibility for each semester's scholarship.

Submit application by email to:  
Nikki Crouse (nikki\_crouse@hms.harvard.edu)

**The Division of Medical Sciences  
Childcare Scholarship Application Form**

Name

HUID  Program & G year

Email

Home address (this is the address to which your check will be mailed. If you are planning on moving in the next six months, please let us know)

Significant other name

Significant other Occupation

Adjusted gross household income from previous year tax return

Estimated adjusted gross household income for previous year

Have you applied for any other childcare aid from Harvard? What is the fund and award amount?

Please add any other information that would be helpful for us to know.

	Child's first and last name	Date of Birth
1		
2		
3		
4		

Please sign & date