



Children's Developmental Clinic
 301 Largo Road, CE123
 Largo, MD 20774
 Phone: (301) 322-0519
 Email: ChildrensDevelopmentalClinic@pgcc.edu

Financial Aid Form

Read instructions carefully and then complete all the information on this form. If not applicable, write N/A. Return completed forms with registration packet to The Children's Developmental Clinic, Prince George's Community College, 301 Largo Rd, CE-123, Largo, MD 20774-2199.

Spring _____ Summer _____ Fall _____

Parent/Guardian Information

_____	_____	_____	_____	_____
Social Security Number	Last Name	First Name		
_____	_____	_____	_____	_____
Street Address	(Apt. #)	City	State	Zip Code
_____	_____	_____	_____	_____
Occupation	Home Telephone	Work Telephone		

Child/Student Information

_____	_____	_____	_____	_____
Last Name	First Name	Date of Birth/Age		
_____	_____	_____	_____	_____
Street Address	(Apt. #)	City	State	Zip Code

Financial Aid Request:

Check if Applicable: a. _____ Family receives public assistance b. _____ Child qualifies for free lunch program
 c. _____ Registered w/ PGCCPS Infant/Toddler Program d. _____ None of the above

Why are you applying for Scholarship Assistance? (MUST BE COMPLETED TO QUALIFY)

Prince George's Community College does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in employment or the provision of services.

Parent/Guardian Signature _____ Date _____

RECOMMENDED FOR FINANCIAL ASSISTANCE _____ DATE _____
 Clinic Director Signature

APPROVED FOR FINANCIAL ASSISTANCE _____ DATE _____
 Director of Financial Aid Signature