

**Child Care Connections of Cleveland County
Graduation Award Grant Application
2019 – 2020**

Date: _____

*Name: _____

*Mailing Address: _____

*City: _____ State: _____ Zip Code: _____

*Telephone #: _____ *Email: _____

Social Security #: _____ - ____ - _____

Child Care Facility: _____

Semester: Fall [] Spring []

Fees are for the following Degrees, certificates, or diploma:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

* Please contact us if any of this information changes

For Office Use Only:

Check Issued Date: _____ Check #: _____

Amount: _____