

Malcolm Cole Child Development Center Scholarship

The Malcolm Cole Child Development Center (CDC) Scholarship is funded through a generous endowment gifted by Mrs. Cole. The endowment allows for scholarships to be awarded to Medical Center employees who currently have children enrolled at the Malcolm Cole CDC.

Scholarships are offered on a need basis to Full and Part-Time benefits eligible employees to help meet the cost of current tuition.

The scholarship is based on the needs of the family, and can be awarded at \$500, \$750, or \$1,000 annually.

There is no financial limit for the application, as each family faces different financial circumstances, and situations can arise unexpectedly.

If you are awarded a scholarship from the available funding, then it will be paid directly to the Malcolm Cole CDC.

The endowment that funds the scholarship requires that funding be used for current or forward costs, it cannot be used for retroactive funding, and it can be used to create an overpayment with return of funding to the Team Member.

Only applications with complete documentation will be considered. Please include supporting documentation such as tax returns, an unexpected bill, a copy of your payslip, etc.

Your identity will be kept as confidential as possible throughout this process. If you have questions about confidentiality, please contact FEAP or (434) 243-2643.

Finally, before you can be awarded a scholarship, we will verify that you are not subject to any disciplinary actions that resulted from violating UVA Health System Standards of Conduct within the past twelve (12) months or is that there is a case against you pending.

Please fax your completed application to 434-924-4486 attn: N. Miceli. Your application will be immediately submitted to FEAP upon receipt.

Malcolm Cole Child Development Center Scholarship Application

1) I am currently employed by the UVA Health System as a benefits eligible Team Member, and I am at 50% or greater FTE (full-time equivalent) (Required)

- Yes
- No

2) Describe the nature of your need/hardship, including any emergency or unexpected event that caused it. Additionally, explain how this scholarship will be used to eliminate your hardship. (Required)

3) Do you expect to need the scholarship again in the next Fiscal Year? (Required)

- Yes
- No

4) Have you received assistance from other sources to help with this hardship? (Required)

- Yes
- No

5) Difficulty paying for childcare costs can sometimes be tied to funding of other basic needs. Do you need assistance with free financial planning? (Required)

- Yes
- No

6) Have you been subject to any disciplinary actions that resulted from violating the UVA Health System Standards of Conduct within the past twelve (12) months or is a case against you pending? (Required)

- Yes
- No

7) If awarded a scholarship from the available funding, then I agree to the Malcolm Cole Child Development Center being notified to credit my balance owed.

- I agree with the above statement
- I do not agree with the above statement

8) All information and documentation within, and attached to this application is complete and accurate. If awarded, I understand that my application will be invalidated if it is found to contain misleading or false information. (Required)

- I agree with the above statement
- I do not agree with the above statement

Name: _____

CompID: _____

Email: _____

Phone: _____

Signature: _____