Scholarship Application Form

Maria L. Baldwin Community Center & Maud Morgan Arts Children's Programming

20 Sacramento Street Cambridge, MA 02138 | P: 617-349-6287 | registration@agassiz.org

This form does not constitute enrollment in either an MMA or MLBCC Children's Program. To register online for classes, workshops, and programs, visit agassiz.org or maudmorganarts.org. For MLBCC and MMA Children's Programs, use SCH2025 at checkout to register without paying. You will be sent an invoice once your scholarship has been processed.

Student Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Caregiver & Household Information

Name of Adult: _____

Employment Status: ▢ Working   ▢ Student   ▢ Other: _____

Name of Adult: _____

Employment Status: ▢ Working   ▢ Student   ▢ Other: _____

Name of Adult: _____

Employment Status: ▢ Working   ▢ Student   ▢ Other: _____

Number of children or dependents: _____

REQUIRED Application Documents

☐ Tax form 1040
☐ 2 recent pay stubs

Optional Application Documents

☐ Letter explaining financial hardship or difficulty
☐ Disability
☐ Government subsidy

Application continues on back

For office use only   App Received:_____ App Awarded:_____

Connection to Resources
We are committed to providing comprehensive and holistic care to the children and families we serve. These questions are meant to connect families in our program to mental health, financial, and/or housing support through our licensed social worker. Completion of this portion of the scholarship application is voluntary and not required.

1. I am currently in need of resources for (check all that apply):
   ☐ Financial assistance
   ☐ Housing assistance
   ☐ Mental health assistance
   ☐ None of the above
   ☐ Other: _____

2. I would like follow up from MLBCC's social worker to connect me to these resources.
   ☐ Yes
   ☐ No

3. The best way to contact me is:
   ☐ Call
   ☐ Text
   ☐ Email

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