



Good Family Support Services
Literacy Scholarship Application

Center Name: _____

Address: _____

Phone Number: _____ Contact Person: _____

Email: _____ Hours of operation: _____

Licensed Capacity: _____ Enrolled Capacity: _____ Corporation Type _____

Number of full time staff: _____ Number of part time staff: _____

Percent of children receiving CCIS Subsidies: _____

Number of children served between the ages of 3years to 15years old _____

What are the Literacy needs of the Center

What is the center currently doing to provide literacy support?

What do the families your organization services need the most?



Good Family Support Services
