



Women's Leadership Council
of United Way of San Antonio and Bexar County



Child Care Scholarship Scholarship Alumnus Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone (_____)_____-_____

How many years did you have the Kimmelman Child Care Scholarship? 1 year 2 years

How many children did you have in Child Care while receiving the scholarship?
 1 child 2 children 3 children 4 children 4+ children

Did you reach your goals while receiving the scholarship? ___Yes ___No
If no, please explain:

Overall, did the Kimmelman Scholarship help you achieve your goals? ___Yes ___No

Would you like to share your story with United Way and Kimmelman? ___Yes ___No
If yes, please type or write your story below:
