



Scholarship Application

Valid March 1, 2018 to April 30, 2019

The APPLICANT is the person responsible for paying the costs of the programs. The applicant is: (check one)

- ☐ Participant* ☐ Guardian
☐ Father ☐ Other (please list): _____
☐ Mother

* If participant is 19 years or older, he/she will be considered for scholarship eligibility based on his/her own income/expenses.

PARTICIPANT INFORMATION

Name: _____

Address: _____

City, State, ZIP: _____

Date of Birth: _____ Age: _____

GUARDIAN INFORMATION (If Participant is Under Age 19)

Father (Guardian)

Name: _____

Address: _____

Phone: _____

Marital Status: ☐ Married
☐ Single
☐ Divorced

Mother (Guardian)

Name: _____

Address: _____

Phone: _____

Marital Status: ☐ Married
☐ Single
☐ Divorced

Please list the names and ages of individuals in the family supported financially by the scholarship applicant:

Name Age

Name Age

Name Age

Name Age

Name Age

Name Age

The following information is REQUIRED (if applicable):

EMPLOYMENT INFORMATION

	Participant	Father (Guardian) if participant is under 19	Mother (Guardian) if participant is under 19
Employer Name			
Employer Address			
City, State ZIP			
Employer's Phone No.			

You MUST submit a copy of all applicable financial support documentation listed below:

MONTHLY INCOME			
	Participant	Father (Guardian) if participant is under 19	Mother (Guardian) if participant is under 19
<i>Income</i> <small>(MUST submit 2016 tax returns)</small>			
<i>Social Security Income</i> <small>(SSI)</small>			
<i>Public Aid</i>			
<i>Child Support</i>			
<i>Unemployment</i>			
<i>Food Stamps</i>			
<i>Other Income</i> <small>(Including family assistance, rental income, alimony, etc.)</small>			
Monthly Total			
Total Annual Income:			

MONTHLY EXPENSES			
	Participant	Father (Guardian) if participant is under 19	Mother (Guardian) if participant is under 19
<i>Mortgage / Rent</i>			
<i>Utilities</i>			
<i>Loans</i> <small>(Auto Payments, Student Loans, etc.)</small>			
<i>Medical</i> <small>(Not covered by Insurance)</small>			
<i>Medical Insurance</i>			
<i>Auto Insurance</i>			
<i>Food</i>			
<i>Other:</i> <small>(please list)</small>			
Monthly Total			
Total Annual Expenses			

Please describe any unusual circumstances the participant and/or his/her family may be experiencing with regard to finances that should be considered in the review of the scholarship application:

All information provided will be kept confidential and is not subject to the Freedom of Information Act. ALL information must be provided. Incomplete applications will not be considered.

Applicant's Signature

Date

Relationship to Participant