



SCHOLARSHIP APPLICATION



PLEASE FILL OUT ALL SECTIONS, THANK YOU!

STUDENT'S NAME

TODAY'S DATE

SCHOLARSHIP TYPE: MONTHLY ACTIVITIES FEE FIELD TRIP TO: _____ PARTIAL SCHOLARSHIP
 AFTER HOURS PROGRAM OTHER: _____ I AM ABLE TO PAY: _____

PARENT/GUARDIAN

CELL PHONE #

E-MAIL ADDRESS

TOTAL ANNUAL HOUSEHOLD INCOME

LIST ALL PEOPLE RESIDING IN HOME

PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION: A COPY OF LAST YEAR'S FEDERAL TAXES AND DOCUMENTS SHOWING TWO MONTHS OF INCOME (INCLUDING PAY CHECK STUBS OR DOCUMENTATION OF GOVERNMENT ASSISTANCE)

TELL US MORE. USE THIS SPACE BELOW TO INCLUDE ANY ADDITIONAL INFORMATION OR EXTENUATING CIRCUMSTANCES THAT WERE NOT INCLUDED ON THIS APPLICATION.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT SCHOLARSHIP ASSISTANCE IS BASED ON NEED. IN THE EVENT THAT I NO LONGER NEED THE SCHOLARSHIP, I WILL CONTACT NO LIMITS IMMEDIATELY SO SCHOLARSHIPS CAN BE PROVIDED TO OTHERS.

PARENT/GUARDIAN SIGNATURE

ADMINISTRATION ONLY

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. FEDERAL TAXES FROM PREVIOUS YEAR | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. DOCUMENTS SHOWING TWO MONTHS OF INCOME
*INCLUDING PAY STUBS OR DOCUMENTATION OF GOVERNMENT ASSISTANCE | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. SCHOLARSHIP APPROVED? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

NOTES: _____