



# Scholarship Application

Valid May 1, 2017 to April 30, 2018

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)**

**Mother (Guardian)**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

- Marital Status:**  Married  
 Single  
 Divorced

- 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
Income <small>(MUST submit 2016 tax returns)</small>			
Social Security Income (SSI)			
Public Aid			
Child Support			
Unemployment			
Food Stamps			
Other Income <small>(Including family assistance, rental income, alimony, etc.)</small>			
<b>Monthly Total</b>			
<b>Total Annual Income:</b>			

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

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