

SCHOLARSHIP APPLICATION

Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Father's Address: \_\_\_\_\_

Mother's Phone #: \_\_\_\_\_ Father's Phone #: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Whom the Child Resides with: \_\_\_\_\_

Class in which Child is to be enrolled: \_\_\_\_\_

Names of Other Household Members:

_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____

Gross Monthly Earnings  
(before deductions)

Monthly Welfare  
payments, child support  
Alimony

Any Other Monthly Income

Job #1  
\$ \_\_\_\_\_

Job #2  
\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Please state how a full or partial scholarship would benefit your family.

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Any Additional Comments/Concerns:

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Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Scholarships must be applied for annually.