



SCHOLARSHIP APPLICATION

Today's Date: _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone #: _____ Email: _____

List members in your household (beginning with applicant). All relatives residing in the household must be listed:

Name	Birth Date	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Activity/Program Request: _____ Family Member's Name: _____

Activity/Program Request: _____ Family Member's Name: _____

Please attach copies at least TWO of the following documents for you and/or any household members:

- Pay stubs for a full month for yourself & working household members
 - 1st page of your most current income tax return (1040)
 - Medicaid/Disability – copy of check or other official letter verifying eligibility
 - Unemployed – copy of unemployment check or other official letter verifying eligibility
 - Monthly bank statement with redacted account information
- | | |
|-----------------------------|-----------------|
| Total Monthly Salary | \$ _____ |
| SSI | \$ _____ |
| Unemployment | \$ _____ |
| Tips | \$ _____ |
| Child Support | \$ _____ |
| Other | \$ _____ |
| Gross Monthly Income | \$ _____ |

Applications will not be processed without the above information

Employer: _____

Employer Address: _____ Phone: _____

Spouse/Household Member Employer: _____

Employer Address: _____ Phone: _____

Please send the completed request form at least 2 weeks in advance of the program start date to allow for processing. **Scholarship is good for 20 visit punch pass and some registration classes.** I understand that the information given will be kept confidential. The information provided is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income verification related to my/our application for assistance. I understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant's Signature _____

Date _____