

SCHOLARSHIPS APPLICATION FORM



MEMBERSHIP TYPE: YOUNG INDIVIDUAL INDIVIDUAL DUAL HOUSEHOLD

COESRQ SERVICES REQUESTED: MEMBERSHIP CAMP CHILDCARE PROGRAMS / SPORTS

1. CONTACT INFORMATION

PRIMARY CONTACT NAME: _____ BIRTHDATE: ___ / ___ / ___

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

PHONE: _____ EMAIL: _____

2. HOUSEHOLD INFORMATION (INCLUDE EVERYBODY WHO LIVES IN YOUR HOME)

NAME	BIRTHDATE	STUDENT	FINANCIAL ASSISTANCE RECIPIENT(S)	EMPLOYER	RELATIONSHIP
_____	___ / ___ / ___	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	___ / ___ / ___	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	___ / ___ / ___	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	___ / ___ / ___	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	___ / ___ / ___	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	___ / ___ / ___	<input type="radio"/>	<input type="radio"/>	_____	_____

3. HOUSEHOLD INCOME (INCLUDES SPOUSE AND DEPENDENTS LIVING IN YOUR HOME)

MONTHLY HOUSEHOLD INCOME	For YOU	For SPOUSE	For OTHERS(S)	SUBTOTAL
GROSS WAGES, SALARIES & TIPS				\$
SOCIAL SECURITY & PENSIONS				\$
CHILD SUPPORT & ALIMONY				\$
SELF-EMPLOYMENT/OTHER				\$
TOTAL HOUSEHOLD INCOME FOR THE PAST YEAR:				\$

Application Check List

All documentation requested below is required to process this scholarship application.

- Application completed and signed
- Copy of a valid drivers license or picture ID
- Proof of income (one of the following)
 - Most recent tax return or W2
 - Last two pay stubs for all working adults in the household
 - Unemployment Benefits Statement
 - Current Social Security/Disability Statement

*Household Membership includes people residing in the same household as follows: spouse or life partner; children up to age 24.

I certify that the information on this application is true and correct to the best of my knowledge. I agree to inform immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

APPLICANT SIGNATURE

DATE: ___ / ___ / ___