



2022 SCHOLARSHIP APPLICATION

Limited scholarship funds may be available. Assistance is awarded on the ability to pay and available funding. The funding for this scholarship program comes from donations made by our community, both private and corporate. If you feel that there are special circumstances that should be considered, please provide in writing in the designated space. You will be notified once a decision is made.

Reason for requesting financial assistance

Household Information: Number of Adults living in Home: _____

Dependent Children Living at Home _____ Ages: _____

Employment: Are you currently employed? Yes ___ No ___ Is spouse employed? Yes ___ No ___

Employer/Occupation _____ Length of time employed _____

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Income: Please list all sources of income, for example: Social Security Benefits, Medicaid, Disability, Insurance Benefits, Unemployment Insurance, Child or Spousal Support.

Monthly Net Income (after taxes) \$ _____ Spouse's Net Income (after taxes) \$ _____

Other monthly income \$ _____ Source _____

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Total Monthly Income \$ _____

Monthly Household Expenses:

Rent/mortgage \$ _____

Medical expenses \$ _____

Insurance Premiums \$ _____

Utilities \$ _____

Other Debt/Expenses \$ _____ (child support, loans, medications, other)

Special Considerations: _____

STAFF USE ONLY

Received By: _____ Date: _____
Approved: _____ Assistance granted \$ _____
Denied: _____ Reason: _____