

## Scholarship Form

(all information will be kept confidential)

Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Program applying for/days attending \_\_\_\_\_

Household Members \_\_\_\_\_ Household Dependents \_\_\_\_\_

### Current Household Monthly Income

Gross Monthly Income from Employment \$ \_\_\_\_\_

Unemployment Benefits \$ \_\_\_\_\_

Interests/Dividends and Other Benefits \$ \_\_\_\_\_

Other/ Child Support/ Social Security \$ \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_

*Please provide a copy of current pay stub, proof of income, or household free/reduced lunch number. **Applications will not be processed without a supplemental document.***

### Current Household Expenses

Please include any medical or dental not covered by provider: \$ \_\_\_\_\_

Student loans \$ \_\_\_\_\_

Child care or child support \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

*Please indicate any amount you would be willing to pay if you received a scholarship:  
\$ \_\_\_\_\_*

**(Please see the reverse side of this form to see if you qualify)**

**We use this chart to see if you qualify for a scholarship.  
Please review it before filling out the scholarship form on the other side.**

Use the chart below to determine if you qualify for the free or reduced price meal program. These income guidelines are effective through 2011.

Household Size	Total Household Income - Maximum				
	Per Year	Per Month	Twice Per Month	Per 2 Weeks	Per Week
1	\$ 20,036	\$ 1,670	\$ 835	\$ 771	\$ 386
2	\$ 26,955	\$ 2,247	\$ 1,124	\$ 1,037	\$ 519
3	\$ 33,874	\$ 2,823	\$ 1,412	\$ 1,303	\$ 652
4	\$ 40,793	\$ 3,400	\$ 1,700	\$ 1,569	\$ 785
5	\$ 47,712	\$ 3,976	\$ 1,988	\$ 1,836	\$ 918
6	\$ 54,631	\$ 4,553	\$ 2,277	\$ 2,102	\$ 1,051
7	\$ 61,550	\$ 5,130	\$ 2,565	\$ 2,368	\$ 1,184
8	\$ 68,469	\$ 5,706	\$ 2,853	\$ 2,634	\$ 1,317
For each additional household member add:	\$ 6,919	\$ 577	\$ 289	\$ 267	\$ 134

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