



Scholarship Application

Please fill in all applicable information and return this application with completed registration form.

- Full Scholarship
 Partial Scholarship
 Membership

Members Needing Assistance:

_____	_____
age	age
_____	_____
age	age
_____	_____
age	age

Please list total # of adults living in household # _____

Please list total # of children living in household # _____

Total # in Family: _____
 Gross Monthly Household Income: _____
 (Job earnings, Child support, Social Security,
 Public Assistance.)

List All Major Monthly Bills & Amounts \$:

_____	_____	_____
_____	_____	_____
_____	_____	_____

DOES YOUR FAMILY CURRENTLY QUALIFY FOR THE FEDERAL LUNCH PROGRAM?

FREE _____ REDUCED _____

I understand that if approved I may be called upon to verify monthly income. Misrepresentation of monthly household income, including omitting other income such as child support or other parent income will result in termination of scholarship and/or membership. I understand that I am responsible for reporting changes in my income that may affect my scholarship eligibility. I understand I am responsible for repayment of any terminated scholarship resulting in a balance due.

Signature of Parent/Applicant: _____ Date: _____

FOR OFFICE USE ONLY

APPROVED FOR: Full Scholarship Partial Scholarship Amount \$ _____ Payment Plan Yes/No

APPROVED BY: _____ Date: _____