



# 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: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

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

APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_