



Application for Scholarship Fund

Name: _____ DOB: _____

Phone number: _____

Do you have health insurance? If so, which plan? _____

I am applying for scholarship funds based on
(check all that apply and comment if desired):

- annual income
- recent loss of income _____
- unexpected changes in expenses _____

Number in household: _____

List names and dates of birth for family members living in your household. Check box if they you are financially responsible for them.

Name: _____ Age _____ financially responsible for them
Name: _____ Age _____ financially responsible for them
Name: _____ Age _____ financially responsible for them
Name: _____ Age _____ financially responsible for them
Name: _____ Age _____ financially responsible for them
Other: _____

Annual household income: _____

Attach a copy of your insurance card and past year's tax returns for all people in household along and any other documentation which might be useful.

Office use only: Date reviewed: _____ Category _____ Notes:
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