



SCHOLARSHIP APPLICATION FORM

Application is to be completed by person(s) financially responsible for admission.

Applicant's Name: _____ SS#: _____
Address: _____ City: _____ State: ____ Zip: _____
Applicant's DOB: _____ Marital Status: _____ Email: _____
Home Phone: _____ Work Phone: _____ Fax: _____
of Dependents: _____
Child's Name: _____ Age: ____ DOB: _____
Proposed Admission/start Date: _____

Financial Information:

Financial Sources:

Insurance Company 1: _____ Phone: _____

Benefits Available: _____

Insurance Company 2: _____ Phone: _____

Benefits Available: _____

Other Sources: Family: _____

Loans: _____

Investments: _____

Retirement: _____

Life Insurance Cash Value: _____

Other: _____

Total financing from all sources: \$ _____

I am requesting assistance in the amount of: \$ _____

Are you currently receiving any financial assistance from your state, church, or family? _____

If YES, how much are you receiving per month? _____

I have read this application thoroughly and certify that to the best of my knowledge all of the information is correct. I understand that funding can be denied if the application is incomplete or if the information is found to be misleading. I further recognize the importance of my personal involvement in the program and commit myself to do whatever may be required of me in order for this to be a successful experience for all those involved.

Please attach a copy of last year's federal income tax return.

Applicant Signature

Date:



PERSONAL FINANCIAL STATEMENT

Name of Parent or Guardian:	Birth Date: ___ / ___ / _____ Age:		Married Single	Divorced Widowed
Address:	City:	State:	Zip	Phone:
How long at present address?	Homeowner?		Social Security #:	
Employer:	Years:	Phone:	Occupation:	Salary (Net):
Spouse's Employer:	Years:	Phone:	Occupation:	Salary (Net):
ASSETS	\$ VALUE	LIABILITIES	\$ VALUE	
Cash in Bank:		Notes Payable:		
Accounts Receivable:		Accounts Payable:		
Stocks & Bonds:		Taxes Payable:		
Notes Receivable:		Real Estate Indebtedness:		
Life Insurance Cash Surrender Val.		Contracts Payable: (to whom)		
Autos: Year / Make		Other Liabilities:		
Real Estate:		1)		
Other Assets:		2)		
1)		3)		
2)		4)		
TOTAL ASSETS:		TOTAL LIABILITIES:		
MONTHLY INCOME		MONTHLY EXPENDITURES		
Salary: (including spouse)		Mortgage / Rent:		
Securities Income:		Income Taxes:		
Rentals:		Insurance Premiums:		
Other: (describe)		Property Taxes:		
1)		Credit Card Payments:		
2)		Child Support:		
3)		Car Payment:		
4)		Other Loan Payments:		
5)		Utilities:		
6)		Estimated Food Expenses:		
7)		Household Expenses:		
NET TOTAL INCOME:		TOTAL EXPENDITURES:		

