

**SCHOLARSHIP APPLICATION, FISCAL YEAR 2018-2019**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Dependent Children Living in Household, including child named above (add pages if necessary):**

Name: \_\_\_\_\_ Age: . Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Age: . Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Age: . Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Age: . Relationship to child: \_\_\_\_\_

**Income Information:**

Adjusted Gross Income from most recent federal tax return (Line 37, Form 1040; Line 4, Form 1040-EZ). <i>Please attach a copy of the relevant tax return.</i>	\$_____
Please list any exceptional or unusual expenses (medical expenses, care of dependent adult, etc.) that you would like us to consider. <i>Please attach explanation &amp; documentation in support of these expenses.</i>	\$_____
Do you expect a significant change in this year's household income compared to the amount reported above? Y N If yes, please attach explanation and estimated change to income.	

I/we declare that the information reported on this Scholarship Application is true, correct and complete to the best of my/our knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_