

SCHOLARSHIP APPLICATION, FISCAL YEAR 2020-2021

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 & 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: ____/____/____