

**SCHOLARSHIP APPLICATION, FISCAL YEAR 2023-2024**

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 11, Form 1040). ***Please attach a copy of the relevant tax return.*** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please list any exceptional or unusual expenses (medical expenses, care of dependent adult, etc.) that you would like us to consider. ***Please attach explanation & documentation in support of these expenses.*** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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: / /