

# Scholarship Application

## Applicant Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## I Am Applying For:

- Classes
  - Has an intake form been provided yet? Yes \_\_\_\_\_ No \_\_\_\_\_
  - What classes are you interested in? \_\_\_\_\_
- Individual Services (Music , Exercise)
  - What Service are you interested in? \_\_\_\_\_
  - Has the individual been assessed yet? Yes \_\_\_\_\_ No \_\_\_\_\_
- School Vacation Programs (Gap Camps)
  - Has an intake form been provided yet? Yes \_\_\_\_\_ No \_\_\_\_\_
  - What dates are you interested in? \_\_\_\_\_

**Please be as specific as possible as to what you are applying for as Scholarships will be awarded for a specific service and time frame (i.e. a 1-hour class for one-session, 12 weeks of music lessons, 5 days of School Vacation Program in August, etc.)**

## Household Information

Guardian / Adult: \_\_\_\_\_ DOB \_\_\_\_\_

Guardian / Adult: \_\_\_\_\_ DOB \_\_\_\_\_

Child: \_\_\_\_\_ DOB \_\_\_\_\_

Child: \_\_\_\_\_ DOB \_\_\_\_\_

Child: \_\_\_\_\_ DOB \_\_\_\_\_

Child: \_\_\_\_\_ DOB \_\_\_\_\_

Child: \_\_\_\_\_ DOB \_\_\_\_\_

Dependent: \_\_\_\_\_ DOB \_\_\_\_\_

Dependent: \_\_\_\_\_ DOB \_\_\_\_\_

### Income Information

Guardian #1:

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Salary: \_\_\_\_\_ per hour / per year (circle one) Time with company: \_\_\_\_\_  
Hours worked per week: \_\_\_\_\_ Other Sources of Income: \_\_\_\_\_

Guardian #2 (if applicable):

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Salary: \_\_\_\_\_ per hour / per year (circle one) Time with company: \_\_\_\_\_  
Hours worked per week: \_\_\_\_\_ Other Sources of Income: \_\_\_\_\_

Individual Applying for Scholarship

Do they receive Social Security Benefits? Y/ N If yes, how much: \_\_\_\_\_  
Do they currently have a job? Y/ N If yes: Salary: \_\_\_\_\_ per hour / per year (circle one)  
Hours worked per week: \_\_\_\_\_ Other Sources of Income: \_\_\_\_\_

### Expense Information

Monthly Rent / Mortgage: \_\_\_\_\_  
Monthly amount spent on transportation (Lease, Payment, Public Transportation): \_\_\_\_\_  
Monthly amount spent on healthcare (insurance premiums, copays, etc.): \_\_\_\_\_  
Monthly amount spent on childcare: \_\_\_\_\_  
Other notable monthly expenses (please specify): \_\_\_\_\_  
Have you applied for a scholarship in the past? Y/ N If yes, did you receive one? Y/ N  
If you received a scholarship, how much was it for and how was it used? \_\_\_\_\_

I understand that any scholarship provided to me will expire in its entirety at the end of the session for which it was awarded. I understand portions of my scholarship may be assigned a specific timeframe and any unused amount during that time frame will be returned to the general scholarship fund. I certify that all information on this form is correct, true, and consistent with the documentation submitted. I do not have additional income that is not represented on this form. I understand that scholarship assistance is based on need and requesting a scholarship does not guarantee I will receive one. I understand that receiving a scholarship does not guarantee enrollment into any Family Center programs.

Signature of Applicant or Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_

**Please provide a copy of the last year's tax return as well as a letter of need, if applicable,**