

SCHOLARSHIP APPLICATION

Fill out form completely. Failure to do so will result in a delay in processing the form. Any false information can result in your denial for assistance. **The following information is required:**

- · Most recent tax year 1040 Tax Form or current year's W2 must be attached
- Must have applied and been rejected by Care 4 Kids
- Most recent four weeks of work pay stubs
- · If divorced, copy of court decree outlining amount of support due monthly
- · If you receive SS/Disability, you must include document outlining your monthly benefits
- · If you are currently unemployed, you are not eligible for a scholarship

Incomplete applications will be returned.

| Child's Information | | | | |
|---|---------------|-----------|-----------|--------|
| Child's Name | | | | |
| Address | | | | |
| City | State | | ZIP _ | |
| Phone | | | | |
| Age | Date of Birth | | | |
| School | Grade | | | |
| How long has child been a Club member? | _ | Club Memb | pership # | |
| Parent's Information | | | | |
| Mother's Name | Phone # | | | |
| Place of Employment | | | | |
| Father's Name | Phone # | | | |
| Place of Employment | | | | |
| Married Divorced Separat | ted 🖵 | | | |
| Annual Family Income | | | | |
| Total # Adults Living in Household Total # Children Living in Household | | | | |
| Are you receiving any money from other sources? | | | Yes 🗖 | No 🗖 |
| Please explain briefly why you are applying for a schola | rship. | | | |
| | | | | |
| | | | | |
| | | | | |
| Have you received a scholarship in the past? If yes, plea This does NOT mean you will automatically get a sc | - | | Yes 🗖 | No 🗖 |
| | | | | |
| Parent's/Guardian's Signature | | | | Date |
| Office Use Only | | | | |
| Accepted Denied Amount Parent/Guardian will r | bav: | Weekly | Monthly | Yearly |