

This temporary, one-time scholarship is designed to provide tuition assistance for a 90-day period. To be considered for assistance, please complete this application form thoroughly and accurately. Be sure to provide all information and documentation to support your request. Approval of the scholarship is not guaranteed, and the amount awarded will be based on your financial need and the availability of funds.

APPLICANT INFORMATION

Your Name:		Spouse Name:	
Address:		City:	State:
Phone Number:		Email Address:	
Marital Status:	Number of Dependents:	Ages of Children:	
Your Current Employment Status:		Spouses Current Employment Status:	

FINANCIAL OVERVIEW

Your Net Monthly Income: \$		Spouse Net Monthly Income: \$	
Other Income/Support: (e.g., Government Aid, Child Support, Alimony, etc)			
Source: _____	Amount: \$	How Often:	
Source: _____	Amount: \$	How Often:	
Source: _____	Amount: \$	How Often:	
Do you receive food stamps (FAP/SNAP)? YES NO		If yes, provide the monthly amount received: \$	
TOTAL HOUSEHOLD MONTHLY NET INCOME: _____			

MONTHLY EXPENSE BREAKDOWN

SOURCE	AMOUNT	DEBT	AMOUNT:
RENT/MORTGAGE:	\$	CREDIT CARD #1:	\$
HOME INSURANCE:	\$	CREDIT CARD #2:	\$
ELECTRICITY:	\$	CREDIT CARD #3:	\$
WATER/GAS:	\$	MEDICAL BILL #1:	\$
CELL PHONES:	\$	MEDICAL BILL #2:	\$
GROCERIES:	\$	MEDICAL BILL #3:	\$
AUTO - GAS:	\$	LOAN _____	\$
AUTO PAYMENT #1:	\$	LOAN _____	\$
AUTO PAYMENT #2:	\$	LOAN _____	\$
AUTO INSURANCE:	\$	OTHER _____	\$
MEDICAL (Appointments/Co-Pays):	\$	OTHER _____	\$
MEDICAL (Prescription Medication):	\$	OTHER _____	\$
OTHER _____	\$	TOTAL MONTHLY INCOME:	\$
OTHER _____	\$	TOTAL MONTHLY EXPENSES:	\$
OTHER _____	\$	TOTAL MONTHLY BALANCE:	\$

STATEMENT OF NEED: Please describe your current financial situation and why you are seeking tuition assistance.

ASSISTANCE REQUESTED: Please specify how much tuition assistance you are seeking. Such as, full tuition or partial tuition (25%, 50%, 75%).

I certify that the information provided in this application is accurate and complete. I understand that any false information may lead to disqualification from receiving tuition assistance. I acknowledge that this scholarship is provides one-time, temporary tuition assistance for a 90-day period, and approval is not guaranteed.

Parent/Guardian Signature:	Date:
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OFFICE USE ONLY: STATUS: _____ AMOUNT APPROVED: \$ _____ START DATE: _____ END DATE: _____