

HOBE SOUND EARLY LEARNING CENTER

SCHOLARSHIP APPLICATION

Date of Application \_\_\_\_\_

Your Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

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

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Marital Status \_\_\_\_\_

Number of dependents \_\_\_\_\_

Ages of Children \_\_\_\_\_

Please fill out the form accurately. Receipts or documentation must be submitted to verify income and expenses (i.e. tax returns, pay stubs, cash receipts, cancelled checks, checkbook record, copies of bills, etc.) DO NOT include child care in figuring your expenses. Form must be completed in entirety or it will be returned.

<u>INCOME:</u>	Net Salary _____ per _____	Description:
	Other _____ per _____	_____
	_____ per _____	_____

<u>EXPENSES:</u>	<u>Monthly Total</u>	<u>Balance due (if applies)</u>
Mortgage/Rent	_____	_____
Electric	_____	_____
Phone	_____	_____
Water	_____	_____
Sanitation	_____	_____
Food	_____	_____
Insurances	_____	_____
Car Payment	_____	_____
Car Gas	_____	_____
Doctor/Dentist	_____	_____
Medicine	_____	_____
Cable T.V.	_____	_____
Miscellaneous	_____	_____
Other	_____	_____
Credit Cards	_____	_____
	_____	_____
<u>TOTAL:</u>	_____	_____

Total Income \_\_\_\_\_

Total Expenses \_\_\_\_\_

Balance \_\_\_\_\_

I hereby certify that the above statements are true and complete and that I (we) will notify the site manager of any changes in the information. I understand that the information given is confidential and I will be notified of the decision as soon as possible.

Applicant(s) Signature \_\_\_\_\_

**Scholarship awards shall be made without regard to race, color, religious creed, disability, ancestry, national origin, sex, or limited English proficiency, in accordance with applicable law. All files are subject to review by CSCMC.**