



APPLICATION FOR SCHOLARSHIP

CHILD'S NAME _____ Birthday _____

DISABILITY _____

SOCIAL SECURITY # _____ NUMBER OF OTHER DEPENDENT CHILDREN _____

PARENT'S NAME _____ SS# _____

ADDRESS _____

PLACE OF EMPLOYMENT OR SCHOOL _____

PHONE (HOME) _____ WORK _____

PARENT'S NAME _____ SS# _____

ADDRESS _____

PLACE OF EMPLOYMENT _____

PHONE (HOME) _____ WORK _____

TIME CHILD CURRENTLY ATTENDS OR WILL BE ATTENDING: _____

PROOF MONTHLY INCOME (MUST SUBMIT COPIES OF LAST 2 PAY STUBS, LETTER FROM EMPLOYER OR COPY OF ENROLLMENT IN COLLEGE).

	Monthly Income		Monthly Expenses
Wages:	\$ _____	RENT OR MORTGAGE:	\$ _____
SSI:	\$ _____	UTILITIES:	\$ _____
FOOD STAMPS:	\$ _____	FOOD:	\$ _____
GRANTS:	\$ _____	TRANSPORTATION:	\$ _____
HOUSING ASSISTANCE:	\$ _____	OTHER:	\$ _____
CHILD SUPPORT:	\$ _____	OTHER:	\$ _____
OTHER:	\$ _____	OTHER:	\$ _____

I HAVE APPLIED FOR:

- ELC SCHOOL READINESS _____ DATE _____ STATUS _____
- UW SUCCESS BY 6 _____ DATE _____ STATUS _____
- GARDINER FUND _____ DATE _____ STATUS _____

REASON FOR REQUEST OF SCHOLARSHIP: _____

SIGNATURE _____ **DATE** _____