



Scholarship Application

**Applicant is REQUIRED to provide the most recent approved income verification documentation at time of application submission, W-2, pay stub, SSDI, SSI, or Tax Return.*

NAME _____ DOB _____

PHONE _____ EMAIL _____

ADDRESS _____

EMPLOYED BY _____

HOUSEHOLD AND GROSS MONTHLY INCOME

NUMBER OF: ADULTS _____ CHILDREN _____ CENTER MEMBERS _____

List household members receiving monthly income	Monthly income before deductions	All other income (SSI, SSDI, etc)	TOTAL
1			
2			
3			
4			
5			
6			

Total monthly household income before deductions _____

I certify that the above information is correct and that **ALL** household income is reported. I agree to notify The Center of any income or household member changes.

X _____ Date: _____

****Please note: Approval may take up to 10 working days once ALL required documentation has been submitted.***

For Office Use Only

Supporting Documents Received _____

Scholarship Approved for \$ _____

Member will pay \$ _____ per month by:

<input type="checkbox"/>	Auto Draft
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Check
<input type="checkbox"/>	CC

See enrollment form

Member: _____

Staff: _____