Application #:	Date Received:
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2023-24 Application for Scholarship

(due April 1st, 2023)

		(0.0.0 / 1.0 = / =			
Name of Child: Parent/Guardian's Nam	ne: _				
Home Address:	<u>-</u>				
Signature:			ate:		
Please include a co _l All informat			tax return (1040 n a strictly confi	•	•
Program Child is Enrolle	ed In:				
	thru Friday thru Friday	Mon/Tue		Weds/Fri Weds/Fri	
			(<u>Please circ</u>		
Extended Day until 3 PM:	Mon	Tue	Wed	Thurs	Fri
Extended Day until 5 PM:	Mon	Tue	Wed	Thurs	Fri
Number of Members in	n the housel	nold:			
Adjusted Gross Income (as indicated on your form 104)					

Application #:
Please help us understand your particular need for scholarship, such as additional burden on your income, employment status, monthly household budget information, etc. Include any information that you feel is pertinent to our
decision:
Amount Awarded:
Amount Awarded: Date Awarded: