

538 A Noel Avenue ● Hopkinsville 42240

SCHOLARSHIP APPLICATION

**Office Use Only**

Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship Amount: $\_\_\_\_\_\_\_\_\_\_

Client Responsibility: $\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name

Child’s Name

Address

City State Zip

Phone # and Email

Child’s Date of Birth and Grade Level As of September

LIST BELOW PERSONS LIVING IN HOUSEHOLD

NAME AGE

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INCOME EXPLANATION

Please list total net income (income after taxes) of all persons who live in the home and contribute to the overall household budget:

Name:

Occupation:

Employer:

Net Income per month: $

SSI/Government Assistance per month: $

Child Support per month: $

Other Income per month: $

Name:

Occupation:

Employer:

Net Income per month: $

SSI/Government Assistance per month: $

Child Support per month: $

Other Income per month: $

EXPENSE EXPLANATION

Monthly Housing Payment $

Utility Expenses per month $ (includes water, electric, gas, & phone)

Out of Pocket Medical per month $

Automobile payment per month $

Other Monthly Expenses $ (please list)

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Please describe any unusual circumstances that exist and/or explain why this financial scholarship is necessary.

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