

## 538 A Noel Avenue ● Hopkinsville 42240 SCHOLARSHIP APPLICATION

Parent/Guardian Name Child's Name		Revie	Office Use Only  Review Date:  Scholarship Amount: \$	
		Client Responsibility: \$		
Address				
City	State		Zip	
Phone # and Email			<del></del> -	
Child's Date of Birth and Grade Level As of	September			
LIST BELOW PERSONS LIVING IN HC	USEHOLD			
NAME			AGE	

## **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. A copy of your most current year's income tax return <u>must</u> be attached.

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	e)
Out of Pocket Medical per month \$ Automobile payment per month \$	
Other Monthly Expenses \$ (please list)	
scholarship is necessary.	
Please describe any unusual circumstances that exist and/or explain why this financial scholarship is necessary.	