



Scholarship/Low Income Tuition Application

Tell us about you.

Full name (*last, first, middle initial*)

Phone

Email

Home address

City

State

ZIP Code

Mailing address (*if different*)

City

State

ZIP Code

Tell us about the people in your household.

Complete below for everyone in your household. If needed, additional entries have been provided on the last page.

<p>Full name (<i>last, first, middle initial</i>)</p> <p style="text-align: center;">Self</p> <hr/> <p>Date of birth Relationship (<i>mother, son</i>) (<i>mm/dd/yyyy</i>)</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>U.S. citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you live here legally? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Full name (<i>last, first, middle initial</i>)</p> <hr/> <p>Date of birth Relationship (<i>mother, son</i>) (<i>mm/dd/yyyy</i>)</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>U.S. citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you live here legally? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Do you live here legally? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live here legally? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Tell us about your household's work and income.

Please answer the following for you and anyone you are applying for.

- 1. Does anyone have or expect to get any money?** Yes No
If yes, please answer questions 2 and 3. We will need proof of income.
Note: Question 2. is for all earned income and question 3. is for all unearned income.

- 2. Money from work (earned income).** Please tell us about wages, salaries and commissions for this month from jobs and self-employment.

a. Self-employment means you are being paid for doing work, but you don't have a regular employer other than yourself who gives you a paycheck and takes out taxes. Perhaps you have your own company with a separate bank account, or perhaps you do odd jobs for people who pay you in cash. We need to know about money that has already been paid or that will be paid this month to anyone in your home who is related to you or your children. Use **gross** income (*totals before taxes and deductions*).

Does anyone in your home get money for working? Yes No
If yes, please fill out this page.

Earned income	Job 1	Job 2	Job 3
Person working:			
Employer's name:			
Employer's Phone:			
Position title:			
Hourly pay:	\$	\$	\$
Hours (<i>per week</i>):			
How often paid (<i>weekly, monthly</i>):			
Other pay:	<input type="checkbox"/> Tips <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Shift Diff. <input type="checkbox"/> Other	<input type="checkbox"/> Tips <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Shift Diff. <input type="checkbox"/> Other	<input type="checkbox"/> Tips <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Shift Diff. <input type="checkbox"/> Other
Is income from self-employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any costs associated with this business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income this month:	\$	\$	\$
Income last month:	\$	\$	\$
*If any income has recently changed or will be changing, please let us know why:			
New amount:	\$	\$	\$
Date of the change:			

3. Please list any unearned income.

Does anyone in your home get money from places other than work?

Yes No

➤ **You must send proof.** Tell us about money, including:

- Loans repaid to you
- Cash assistance
- Retirement pension
- Supplemental Security Income (SSI)
- Educational income (*such as financial aid*)
- Other:
- Disability benefits
- Child or spousal support
- Social Security benefits
- Guardian or foster care payments
- Veterans benefits
- Worker's compensation
- Tribal payments
- Rent paid to you
- Dividends or interest on investments
- Unemployment compensation

Unearned income	Job 1	Job 2	Job 3
Person receiving the money:			
Source/type:			
Expected to continue:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount received:	\$	\$	\$
How often received (<i>weekly, monthly</i>):			
Unearned income this month:	\$	\$	\$
Unearned income last month:	\$	\$	\$

Tell us about your household's resources.

1. Do you, or anyone you are applying for own or have their name on any of the following?

a. Checking, savings, credit union accounts.

Yes No

b. Cash on hand or other:

Yes No

If yes to any of the above, please complete below.

Type	Name/location of bank	Current balance/value	Belongs to

2. Is anyone buying, or an owner of, real estate, land or buildings you are not living on?

Yes No

3. Does anyone have any items of value? (*Examples: car, truck, boat, etc.*)

Yes No

By checking this box and typing my name below, I am electronically signing my application.

Signature:

Date:

Additional entries for people in your household (if needed):

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