

Scholarship Eligibility Form

Names of Enrolled Students	Names of other Household Members*
1)	1)
2)	2)
3)	3)
4)	4)
	5)
	6)
	7)
	8)

How much total income and how often it is received: Hourly, Weekly, Every 2 Weeks, Monthly, Annually							
Earnings from work before deductions		Welfare, child support, alimony		Pension, S.S., VA benefits, retirement		All other income	
Income	How Often	Income	How Often	Income	How Often	Income	How Often
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	

Federal Eligibility Income Chart			
Household size*	Yearly	Monthly	Weekly
1	21,776	1,815	419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each additional person	7,696	642	148

*Household includes all those that currently reside in your household, this may include people not in your family.

By signing below you are verifying that all the above information is true to your knowledge.

Parent/Gaurdian Signature: _____

Please have proof of eligability along with this document filled out. Proof includes the following: Check/Pay Stub; Bank Statement; Signed letter from current employer; W-2/Tax Return; Self-employment Ledger Documentation; or Proof of Income Letter