

**Monthly Income**

Wages (after taxes, Labor and Industry and Social Security deductions) Father \_\_\_\_\_ Mother \_\_\_\_\_  
 Child Support \_\_\_\_\_  
 State Assistance \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_  
 Total monthly income \_\_\_\_\_

**Current Assets**

**Current Value**

**Amount still Owed**

Cash, savings, & checking accounts	_____	_____
Vehicles (How many? ____)	_____	_____
Home(s) (Renters, write 0)	_____	_____
Other real estate & investments	_____	_____
Business and/or farm	_____	_____
All other assets	_____	_____

**Monthly Expenses**

**Outstanding Debts**

**Purchases over \$500**

Tithe & offerings	\$ _____	Car loan	\$ _____	(during the past year)	
Savings	\$ _____	Credit Cards	\$ _____	Appliances	\$ _____
Rent or house pmt.	\$ _____	Legal fees	\$ _____	Car	\$ _____
Clothing	\$ _____	Medical bills	\$ _____	Boat	\$ _____
Food	\$ _____	School loans	\$ _____	Furniture	\$ _____
School bills	\$ _____	Student name	_____	Computer	\$ _____
Student name	_____	School	_____	Audio/Visual	_____
School	_____	Other (please explain)	\$ _____	Entertainments	\$ _____
Telephone(s)	\$ _____	_____	_____	Vacations	\$ _____
Utilities	\$ _____	_____	_____	Hobbies	\$ _____
Transportation	\$ _____	_____	_____	Other (please explain)	\$ _____
Include bus fare, car payment, insurance, gasoline, repairs, etc.		_____	_____	_____	_____
Child support	\$ _____			_____	_____
Credit cards	\$ _____			_____	_____
Other insurance	\$ _____			_____	_____
Internet/DSL	\$ _____				
Cable TV	\$ _____				
Other entertainment	\$ _____				
Other (please explain)	\$ _____				
_____					
Total monthly expenses	\$ _____				

Is there anything else the committee should know as your request is considered? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Certification**

The information on this form is true and complete to the best of my knowledge. I am willing to provide additional information if needed.

Applicant's name and relationship to student(s) \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Address (if not already given) \_\_\_\_\_  
 Phone (if not already given) \_\_\_\_\_  
 Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach to this application a copy of your most recent tax form. Thank you.