



SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone No _____ Cell Phone No _____

Email Address _____

If applicant is under 18 years of age, provide Parent's or Guardian's name/address below:

HOUSEHOLD INFORMATION

Place a check mark (√) next to each member applying for assistance:

___ Parent/Guardian/Adult _____

___ Parent/Guardian/Adult _____

___ Child _____ DOB _____

___ Child _____ DOB _____

___ Child _____ DOB _____

___ Child _____ DOB _____

___ Child _____ DOB _____

___ Other Dependents _____ Age _____

___ Other Dependents _____ Age _____

I AM APPLYING FOR :

CHECK ONE (v) CATEGORY FOR WHICH YOU ARE APPLYING.

		Membership
		Classes
		Camp
		School Vacation Respite

FAMILY INCOME INFORMATION

Employer _____ Work Phone _____

Gross Salary \$ _____ (Monthly, Annually)

Spouse's Employer _____ Work Phone _____

Gross Salary \$ _____ (Monthly, Annually)

Other sources of income (per month) \$ _____

Have you received a grant/reimbursement from OPWDD this past year?
(circle) YES NO

EXPENSES INFORMATION

Monthly Rent/Mortgage: _____

Vehicle: _____

Other (Credit card, Medical, Lons): _____

I certify that all information on this form is correct, true and consistent with the documentation submitted. I do not have additional income not represented above. I understand that scholarship assistance is based on need.

Signature of Applicant _____

Date: _____

FOR OFFICE USE ONLY

Application Approved: () Yes () No

FCA \$ _____

YOU \$ _____

DATE: _____

AWARD LETTER VALID FOR 180 DAYS