Scholarship Application

Application <u>WILL NOT</u> be accepted without written income verification:
1040 tax form and current pay stub. All questions <u>MUST</u> be completed

Date: _____

1.   Name of applicant: _____ Date of birth: _____

      Address: _____

      Phone: _____ Connection membership # _____

      ☐ Male ☐ Female   E-mail address: _____

      Emergency contact: _____ Phone #: _____

2.   LIST ALL MEMBERS IN HOUSEHOLD:

Name	Relationship (e.g. parent, child)	Age (if under 18)
a.		
b.		
c.		
d.		

***Number of adults employed: _____

3.   HOUSEHOLD INCOME: *Please attach 1040 tax form and current pay stub for <u>each adult</u>.

         • Salaries, tips, wages (gross) $_____ per _____
         • Child support/alimony $_____ per _____
         • AFCD/Public Assistance $_____ per _____
         • Pension/Social Security $_____ per _____

4.   Have you ever received scholarship assistance at The Connection? _____ If yes, when? _____

5.   List any extraordinary medical expenses or any other factors you consider relevant in requesting financial assistance:

_____
_____
_____

6.   Program/class desired: First choice: _____
     (limit: one class per person
       per term)   Second choice:_____

*** If application is approved, Connection membership fees must be paid in full ***
** For Connection Use Only **

7. Name of referral source/agency: _____

_____
Signature of applicant (parent/guardian if minor)

For Connection Use Only:

Connection membership information:

New member: _____   Renewing member: _____

☐   I have interviewed this individual in accordance with Connection Scholarship guidelines and I recommend approval in the amount of:

$ _____   % _____   For: _____

                                                         Program

Date: _____

Participant owes $ _____   for class/program fee,

Plus $ _____   Membership fee

Total due: $ _____

Received: _____   _____
                               Date   *Initials*

☐ Visa ☐ Master Card   Account # _____   Exp. date: _____

Cardholder name: _____

☐   I do not recommend approval.

Please list any factors relevant to your decision which may not appear on this application.

_____   _____
                Date   *Systems Director/Assistant Systems Director signature*