

Scholarship Application

• Must present a copy of the most recent tax return

Date:			
Parent's Name:			
Mailing Address:			
Telephone:	Email:		
Please list the age and grade of the stude	ent/s enrolling.		
Name of All Household Members (First, Middle & Last)	Name of School Child Attends	Check if a Foster	Check if "No"
(First, Wilder & East)		Child	Income



Name of Household Member with Income	Earnings from work, before deduction	Weekly, Every 2 weeks, Twice	Welfare, Child Support, Alimony	Weekly, Every 2 weeks, Twice	Pension, retirement, SS, VA, etc.	Weekly, Every 2 weeks, Twice	All other Income
		Monthly, Monthly		Monthly, Monthly		Monthly, Monthly	
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Please explain why	you desire for yo	our child (r	en) to attend T	Trinity:			
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