



TCDN
SCHOLARSHIP ASSISTANCE APPLICATION

Please fill in this form as completely as possible. If additional information is needed, a copy of your latest tax return may be requested. All information will be kept completely confidential by the Director of TCDN and the Scholarship Committee, which is comprised of one staff member and several members from the Board of Directors of TCDN. All financial assistance is available on a nondiscriminatory basis. Forms are due to the TCDN Administration Office by September 15th. You must be registered in a TCDN program to apply for a scholarship.

Filing Date: _____

I. Name of Applicant _____ Relation to Child _____
(Parent or legal guardian)

Social Security Number _____

Address _____

Phone _____

Email _____

Name of Child(ren) in the program: _____

Address (if different from applicants) _____

Marital Status of Applicant (check one):

- () Married, spouse present
() Separated
() Widowed

- () Married, Spouse Absent
() Divorced
() Unmarried

List All Members of the Household:

Table with 4 columns: Name, Age, Relation to Applicant, Legal Dependent? and 4 rows of input lines.



II. Occupational Information

Applicant

Spouse/other adult in household

Position or Title

Name of Employer

Address

Phone Number

Hours worked per week

Monthly Gross Income

Other Employment:

Name of Employer

Address

Phone Number

Hours worked per week

Monthly Gross Income

Total Monthly Gross Income



III. Other Income:

Monthly

	Applicant	Spouse/other adult in household
Alimony	_____	_____
Social Security	_____	_____
Workmen's Compensation	_____	_____
Unemployment Benefits	_____	_____
Relatives	_____	_____
From Stock, Bonds, Trusts	_____	_____
Other (specify)	_____	_____

IV. Child(ren)'s Income:

Monthly

	Applicant	Spouse/other adult in household
Child Support from Mother	_____	_____
Child Support from Father	_____	_____
Social Security Benefits	_____	_____
Trust Fund	_____	_____
Support from other Relatives	_____	_____
Other (specify)	_____	_____

V. Family Assets and Liabilities:

Value of Assets:

	Applicant	Spouse/other adult in household
House	_____	_____
Other Real Estate	_____	_____
Automobile(s)	_____	_____
Stocks and Bonds	_____	_____
Savings Accts. and Trusts.	_____	_____
Other (specify)	_____	_____

Liabilities:

Monthly Payments

	Applicant	Spouse/other adult in household
Mortgages	_____	_____
Student Loans	_____	_____
Car Loans	_____	_____
Other Debt or Obligations	_____	_____
	_____	_____
	_____	_____



Family Expenses:

Monthly Expense

Child Care Costs	_____	_____
Health Insurance	_____	_____
Auto Insurance	_____	_____
Utilities	_____	_____
Other Expenses	_____	_____
(Large or unusual expenses)	_____	_____

VI. Include one month's pay stubs from Applicant and Applicant's Spouse/or any other adult residing in household

I have read the above application carefully and declare that I have supplied all information to the best of my knowledge and belief and that it is a complete statement of all income, assets or resources belonging to me or to any member of my immediate family.

Signed: _____ Date: _____