



**TCDN
SCHOLARSHIP ASSISTANCE APPLICATION**

Please fill in this form as completely as possible. Submit this form with the listed attachments to the Administration Office by September _____.

ATTACHMENTS: (Required for each household member)

- Most recent tax return for each household member
- Last 4 paystubs
- Proof of each expense and income listed

Filing Date: _____

Admin. Office Received Date: _____

Name of Applicant _____ Relation to Child _____
(Parent or Legal Guardian)

Address _____

Phone _____

Email _____

Name of child(ren) in a TCDN program: _____

Address (if different from applicant) _____

Marital Status of Applicant (check one)

Married, spouse present

Married, spouse absent

Separated

Divorced

Widowed

Single

List all members of the household:

Name:	Age	Relation to Applicant	Legal Dependent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**Education Program
(attach proof of enrollment)**

Applicant

Spouse/other adult in household

School Attending

Hours per week

Employment Information

Applicant

Spouse/other adult in household

Position or Title

Name of Employer

Hours worked per week

Monthly Gross Income

Other Income

Monthly

Applicant

Spouse/other adult in household

Alimony

Social Security

Worker's Compensation

Unemployment

Relatives

Monthly Gross Income

Total Gross Income

Monthly Expenses

Applicant

Spouse/other adult in household

Alimony

Child Support

Medical

Health Ins. Premiums

Child Care

Rent/Mortgage

Utilities

Large, Unusual Exp.



Assets

	Applicant	Spouse/other adult in household
House	_____	_____
Automobile	_____	_____
Liquid Savings	_____	_____
Other (specify)	_____	_____

Are there any special circumstances that you would like to share with us?

I attest that, to the best of my knowledge, I have supplied accurate information.

Signed: _____ **Date** _____