

Carly Liptak Memorial Scholarship fund Assistance Application

Personal Information

Name _____ Home Phone _____
 Address _____
 City _____ State _____ Zip _____
 Are you married? _____ Total # of dependents _____

List full names/ages of persons in the household. Your household includes dependents you claim on your federal income tax return.

| | | | |
|----------|-----------|----------|-----------|
| 1. _____ | Age _____ | 4. _____ | Age _____ |
| 2. _____ | Age _____ | 5. _____ | Age _____ |
| 3. _____ | Age _____ | 6. _____ | Age _____ |

Employment Information

Employer _____ Work Phone _____
 Address _____ City _____ St _____ Zip _____
 Position _____ Length of Employment _____ Part Time Full Time

Spouse Employer _____ Work Phone _____
 Address _____ City _____ St _____ Zip _____
 Position _____ Length of Employment _____ Part Time Full Time

| | |
|----------------------------------------|---------------------------------|
| \$ _____ Your Gross Monthly Income | \$ _____ Rent/Mortgage |
| \$ _____ Spouse Gross Monthly Income | \$ _____ Auto Loans |
| \$ _____ Child Support | \$ _____ Utilities |
| \$ _____ Aid to Dependant Children | \$ _____ Phone |
| \$ _____ Welfare (submit copy of card) | \$ _____ Child Support |
| \$ _____ Food Stamps | \$ _____ Medical |
| \$ _____ Reduced Lunch Program | \$ _____ Child Care |
| \$ _____ Other (please explain) | \$ _____ Medical |
| | \$ _____ Other (please explain) |
| \$ _____ TOTAL Monthly Income | \$ _____ TOTAL Monthly Expenses |

Scholarship Packages:

- _____ Half - \$75 paid plus parent works 3 three hour concession duties
- _____ Full - \$0 paid plus parent works 6 three hour concession duties
- Please email to discuss other options such as payment options

I verify that all the information submitted is correct, complete, and accurate.

Signature of Applicant _____ Date _____