

## Caring For Kids 1st Scholarship Application

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Children who are currently enrolled or wish to attend Caring For Kids 1st:

	Name	Birth Date	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Other Members of Household not listed above:

	Name	Birth Date	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Household Employment/Income:

Primary Income		Secondary Income	
Name _____		Name _____	
Employer _____		Employer _____	
Address _____		Address _____	
Phone # _____		Phone # _____	

Length of Employment \_\_\_\_\_

Length of Employment \_\_\_\_\_

Net Salary/Wages \_\_\_\_\_

Net Salary/Wages \_\_\_\_\_

Per: Hour      Week      Month

(Circle One)

Per: Hour      Week      Month

(Circle One)

Additional Income: Child support, alimony, additional employment, social security, etc.

Primary Income

Secondary Income

Type of Income \_\_\_\_\_

Type of Income \_\_\_\_\_

Length of time \_\_\_\_\_

Length of time \_\_\_\_\_

Net Income \_\_\_\_\_

Net Income \_\_\_\_\_

**Total Net Monthly Income** \_\_\_\_\_

**Total Net Monthly Income** \_\_\_\_\_

*(Total Net Income includes total from Net Salary/Wages line above and Net Income line from additional income.)*

**As verification of income, please include a copy of the last two month's paycheck stubs from each member of the household providing income.**

Expense Information:

Monthly Living Expenses      Rent/Mortgage      \_\_\_\_\_

Utilities      \_\_\_\_\_

Telephone      \_\_\_\_\_

Cable TV      \_\_\_\_\_

Food      \_\_\_\_\_

Childcare      \_\_\_\_\_

Medical      \_\_\_\_\_

Credit Card Payments      \_\_\_\_\_

Car Payment      \_\_\_\_\_

Insurance: List Type \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gas Expense \_\_\_\_\_

**Total Monthly Household Expenses** \_\_\_\_\_

Please state any other information you would like to have us consider. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\* Please be sure application is filled out in its entirety**

**\* Applications that are not complete or do not include verification of income will not be reviewed.**

**\* Place application and verification of income in a sealed envelope. Address the envelope to Caring For Kids 1st Director and return in person or mail to First Lutheran Church.**

I verify that all information provided in this scholarship application is accurate and reflects my/our current living and financial situation.

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date