



# Youth Corps Scholarship Application

*Parents/Guardians must fill out the Scholarship Application. All Scholarship Applications must be printed or typed. Scholarships will be made available based on need and a first come, first serve basis. This application must be filled out COMPLETELY and the Scholarship Application must be included with the Youth Corps Application.*

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ DOB \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Number of Persons in Household \_\_\_\_\_ Size of Family \_\_\_\_\_

# of Brothers \_\_\_\_\_ # of Sisters \_\_\_\_\_ Ages \_\_\_\_\_

Total Household Income Annually \$ \_\_\_\_\_

AFDC/Welfare/Food Stamps/Foster Care Number \_\_\_\_\_

Student lives with  Father  Mother  Both  Other \_\_\_\_\_

Is your family:  One-income family  Two-income family  Other children in college

Please list any medical problems that have affected your family and its financial status:

\_\_\_\_\_

Explain reason why student will need a scholarship \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Amount requested from the Scholarship Fund is \$ \_\_\_\_\_**

Name of Parent or Guardian (please print) \_\_\_\_\_

Name of Parent or Guardian (please print) \_\_\_\_\_

Parent/Guardian Occupation \_\_\_\_\_

Parent/Guardian Occupation \_\_\_\_\_

Parent/Guardian Signature(s) \_\_\_\_\_

Date \_\_\_\_\_