

**Good Counsel Learning Center
Scholarship Application**

Family _____ Date _____

Father: _____ Mother: _____

STUDENTS APPLYING FOR SCHOLARSHIP:

Name	Grade	Name	Grade
1)		4)	
2)		5)	
3)		6)	

Number in the Household: _____

INCOME

Gross Income: (Form 1040, Line 22)

Social Security:

Child Support:

Other

TOTAL FAMILY INCOME

**Please attach a copy of latest Tax Return

OR 2 recent paystubs

EXPENSES:

Housing/Rent

Utilities (Electricity, Water, Cable/Internet, Phone)

Car/Vehicle Payments

Insurance

Household (Food, Clothing, etc)

Child Care

Medical

Support for Family in Native Country

Other

TOTAL MONTHLY EXPENSES

ACTUAL 2017

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

MONTHLY INCOME

\$ _____

MONTHLY

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

PROJECTED

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

YEARLY

SPECIAL CIRCUMSTANCES:

Payment Agreement: (To be determined with Sr. Dorothy)

I/We agree to pay \$ _____ per hour.

Fees will be pre-paid

___ by the month

___ by the week

___ by the day