



Youth Scholarship Application FORM A

For Office Use Only:
 Date Received _____
 Application Approved? Yes No

Father's Name _____ **Mother's Name** _____

Name of Parent/Guardian completing application _____

Marital Status: Single Married Divorced

Have you completed an application and been approved for a scholarship in the current calendar year? If yes, please stop and complete Form B instead of Form A. If no, please continue with Form A.

Address _____

City _____ **Zip** _____ **Phone** _____

Email _____

Number of People in Household (immediate family members only) _____

List dependents applying for scholarship (18 years and younger):

Name	Birthdate	Activity Name and Program Code (For which you are applying for now)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return **ALL** of the following items along with the application to be considered for a scholarship:

- Federal tax return for the previous year
- Most recent pay stub for each job currently held in household (or unemployment statement if applicable)
- Copy of DSS form, SSI form, Social Security or any other applicable documents

Please complete the following information:

Source of Income	Gross Monthly	Gross Yearly	Source of Income	Gross Monthly	Gross Yearly
Mother's Employment			Social Security		
Father's Employment			Pension		
Family Independence Agency			Worker's Compensation		
Child Support			Other:		
Unemployment			Other:		
Sub-Total			Sub-Total		
			Grand Total		

I verify that all information in this application is true to the best of my knowledge and belief. I understand that I must be a Zeeland Public School District resident in need in order to apply for this scholarship and I give my permission and authorize Zeeland Recreation officials to verify information on this application.

Signature of Applicant _____ **Date** _____