



Scholarship Application

You must list every person living in the household:

Copy of Driver's License or Valid I.D. Required!

Copies of State Assistance Cards for Each Person receiving assistance.

Adult Name: _____

Adult Name: _____

Adult Name: _____

Adult Name: _____

LIST ALL Children living in the household and their relationship to you.

First Name:	MI.	Last Name	Grade	Age	Relationship
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Proof of Income: (Last year's Income Tax Record) or Proof using 3 of the following)

Proof of Income: _____

Primary Adult Monthly Income: _____

2nd Adult Monthly Income: _____

TANF (Food Stamps) Monthly _____

Sooner Care: _____

DHS Child Care Assistance: _____

WIC – Monthly: _____

SS / SSI Monthly: _____

Workers Comp Monthly: _____

Unemployment Benefit: _____

Have you had a Scholarship with us in the past? _____

Please use the following space below to explain your circumstances and reasons for requesting financial assistance for Leonardo's Scholarship Program. This information is helpful to the Executive Director in determining need.

Date:

Name: (PRINT)

Physical Address / P.O. Box

City / State / Zip Code

Phone Number:

SIGNATURE: