



LIFT ME UP!

Date: _____

Scholarship Application – Confidential

1. Name of Rider _____ Age _____

2. Father or male guardian _____ Age _____

Home address _____ Telephone _____

Employer _____ Position held _____

Business address _____ Length of present employment _____

Business telephone _____

3. Mother or female guardian _____ Age _____

Home address _____ Telephone _____

Employer _____ Position held _____

Business address _____ Length of present employment _____

Business telephone _____

4. Indicate: Buying _____ Renting _____ home. Length of residence in area _____

5. Other dependent children and adults:

<u>Name</u>	<u>Age</u>	<u>School or Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Income information:

Salary and wages – father \$ _____

Salary and wages – mother \$ _____

Salary and wages – rider \$ _____

7. Sources and amounts of other possible funds:

CHAMPUS _____ State or local _____ Diplomatic _____

Other private or public sources _____

8. Amount available for rider’s tuition fees from family resources: \$ _____ per month

9. Please write a statement below as to why this rider should receive financial assistance. Explain any special family circumstances about which the Scholarship Committee should be informed, such as special education requirements of dependents, illnesses, divorce, etc. (Use the other side of this sheet or an extra sheet, if necessary.)

Signature of rider (or parent/guardian if under 18)