

Scholarship Application Worksheet

Name of student _____

Mom's Name _____

Place of Employment _____

Dad's Name _____

Place of Employment _____

List all sources of income and amount:

_____	\$ _____/Month
_____	\$ _____/Month
_____	\$ _____/Month
_____	\$ _____/Month
_____	\$ _____/Month
_____	\$ _____/Month

MONTHLY EXPENSES (PLEASE ATTACH COPIES OF RECEIPTS):

1. _____ FOOD
2. _____ CLOTHING
3. _____ LAUNDRY
4. _____ RENT/MORTGAGE
5. _____ ELECTRICITY
6. _____ GAS
7. _____ HEATING
8. _____ WATER
9. _____ TELEPHONE
10. _____ AUTO
11. _____ INSURANCE
12. _____ LOANS
13. _____ EDUCATION
14. _____ ENTERTAINMENT
15. _____ MEDICAL
16. _____ CHILD CARE
17. _____ OTHER

TOTAL EXPENSES _____