



Scholarship Application

Office Use Only	
Received:	
Award:	
Expiration:	

APPLICANT INFORMATION

Name: _____ Date: _____
 Address: _____ Birth Date: _____
 City: _____ State: _____ Zip: _____ Gender: Male Female
 Phone: _____
 E-Mail Address: _____

HOUSEHOLD INFORMATION

Marital Status: Single Engaged Married Widowed Divorced Separated

If Engaged, Married, Widowed, Divorced, or Separated, how long? _____

Children:

<i>Name:</i>	<i>Gender:</i>	<i>Age:</i>	<i>Living at Home?</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MONTHLY INCOME AND EXPENSES

Please list the monthly income and expenses of all family members:

<i>Income:</i>		<i>Expenses:</i>	
\$ _____	Income from Work (before taxes)	\$ _____	Taxes (withheld from paycheck)
\$ _____	Food Stamps	\$ _____	Rent/Mortgage
\$ _____	Unemployment/Disability	\$ _____	Car/Insurance
\$ _____	Other: _____	\$ _____	Utilities/Food/Medical
		\$ _____	Other: _____
\$ _____	<i>Total Income</i>	\$ _____	<i>Total Expenses</i>

SCHOLARSHIP DETAILS:

What is the estimated monthly amount that you can pay for Agape Inner Freedom sessions? \$ _____ per month

I CERTIFY THAT THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

 Name (printed) Signature Date