



Scholarship Application Form

4 East Henrietta Road
Rochester, NY 14620
(585) 633-8935
www.ebns.org

SCHOLARSHIP APPLICATION DEADLINE: April 30, 2019

Please make one copy for your records and then mail one copy of this form to our Treasurer:

EBNS Treasurer, 4 East Henrietta Road, Rochester, New York 14620

Child's name _____ Date: _____

Parent/Guardian's Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____ Cell Phone (____) _____

HOUSEHOLD MEMBERS

List the names of everyone in your household and their relationship to you, including yourself.

<u>Name</u>	<u>Relationship</u>
1. _____	Self
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Signature:

I certify that all of the information is true and correct to the best of my/our knowledge and that all income is reported on the following page.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Application number _____ (office use only)

INCOME

Please list the current annual income for all household members. If you anticipate an increase or decrease in any income source during this year, please note that in the space provided. Please provide copies of your **most recent income tax returns**.

Income Source	Annual Amount	Is this amount expected to increase or decrease? Please explain
Earnings from Work (before deductions)	\$	
Earnings from Self-Employment (before taxes)	\$	
Child Support, Alimony, etc.	\$	
Payments from Pension or Retirement	\$	
Payments from Annuities or Other Investments	\$	
Other Income _____	\$	

Please explain any additional/extenuating circumstances that we should consider with your application

DO NOT WRITE BELOW THIS LINE

Application No. _____ Date Received _____ No. in Household _____

Total Annual Income \$ _____ Income Eligible _____ Yes _____ No

Date Notice Sent _____