

Confidential Family Application for Scholarship

Scholarship funding will be based on family income and number of dependents.

Please mail completed form to:

Center for Student Success, 324 Blackwell Street, Suite 1240, Durham, NC 27701

Tel: 877.680.8921

Fax: 919.680.8949

kate.mauldin@success-in-mind.org

Today's Date _____

Family Information

Parent Name _____ Home Phone _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Child's Name _____

List of all household members:

Last Name, First Name	Date of Birth

Employment Information

First Parent

Parent/Guardian Name _____

Employer _____ Work Phone _____

Employer's Address _____

City _____ State _____ Zip _____

Position _____ Length of Employment _____

Part- Time or Full Time (circle one)

Supervisor's Name _____



Second Parent

Parent/Guardian Name _____

Employer _____ Work Phone _____

Employer's Address _____

City _____ State _____ Zip _____

Position _____ Length of Employment _____

Part- Time or Full Time (circle one)

Supervisor's Name _____

Financial Information

Name of each household member	Current Income and Frequency. Indicate Frequency in the box next to the dollar value: (W)=weekly (B)=Bi-weekly (M)=Monthly (Y)=Yearly			
Last Name, First Name	Gross Income	Child Support/Alimony*	Pension/Retirement	Other*
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

*optional

Monthly Expenses

Rent/Mortgage \$ _____ Phone \$ _____ Child Care \$ _____

Auto Loan \$ _____ Child Support* \$ _____ Other \$ _____

Utilities \$ _____ Medical Expenses \$ _____

To Finalize Your Application, We Need the Following Information:

Copy of last year's complete tax return and copies of last two pay stubs

OR

Copy of social security/Disability Checks

Note: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040). If you did not file taxes last year, or if you don't have the other documents required, please submit a letter explaining your personal situation.

Signature and Social Security Numbers

THE ADULT WHO SIGNS THE APPLICATION MUST PROVIDE HER/HIS SOCIAL SECURITY NUMBER

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. I understand that the information provided will be used in consideration of scholarship; that Success in Mind may verify the information provided and that the deliberate misrepresentation of any information may be grounds for rejection of my application.		
Signature of Parent/ Guardian	Mailing Address (Include Apt #, City, State, and Zip Code)	
Social Security Number	If not US Resident write "NONE"	Phone Number: Home or Work

For Office Use Only						
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