

The Maple Center, Inc. Scholarship Application 70 W Honey Creek Parkway, Terre Haute, IN 47802 Or email to info@maplecenter.org

A Family Information:

Name			Birth I	Date/	/
Address:			Z	Zip Code	
Phone # (_)				
Dependents by N	Name and Age				
Spouse's Name					
B Employment In	nformation: (Please	include a copy	of your most curre	nt Federal Tax	x Return)
Employer:(Circle one)	Annual	Monthly	Income		
Spouse Employe (Circle one)	er:Annual	Monthly	Income		
C Other Income:	(Examples include	Social security	annuity pension	unemploymer	nt, etc.)
(Please include a Annual Monthly	a copy of your most o	current Federal	Tax Return)		
(Please include a Annual Monthly Total Income: _	a copy of your most o	current Federal	Tax Return)	l was found to	be eligible:
(Please include a Annual Monthly Total Income: I have applied f Welfare: N	for assistance throu	ugh the follow	ing programs and ability:Other	l was found to r: No	o be eligible
(Please include a Annual Monthly Total Income: Monthly I have applied for Welfare: Monthly Monthly	for assistance throused dedicaid:Trust	ugh the follow tees:Disc re requesting sli r release of inf and that I may d I agree to pro	ing programs and ability:Other iding fee assistance: formation. The abovide The Maple Control ovide The Maple Control ovi	ove is true and e proof of the enter with the	b be eligible one:
(Please include a Annual Monthly Total Income: Note that Income: Note that I have given best of my known in the best of my known in the late of the la	for assistance thround dedicated:Trustother reasons you are defended authorization for nowledge. I understoten on this form, and the control of the con	ugh the follow tees:Disc re requesting sli r release of inf and that I may d I agree to proSiNONPROFIT	ing programs and ability:Other iding fee assistance: formation. The ability be asked to provide the Maple Copouse signature:	ove is true and e proof of the enter with the	be eligible one:
(Please include a Annual Monthly Total Income: Monthly	for assistance throu Medicaid:Trust other reasons you are d authorization for nowledge. I underst yen on this form, and ure:	ugh the follow tees:Discrete requesting sli r release of information that I may d I agree to proSiNONPROFIT	ing programs and ability:Other iding fee assistance: formation. The ability be asked to provide the Maple Copouse signature:	ove is true and e proof of the enter with the	be eligible one:
(Please include a Annual Monthly Total Income: Monthly	for assistance thround dedicated:Trustother reasons you are defended authorization for nowledge. I understoten on this form, and the control of the con	ugh the follow tees:Discrete requesting sli r release of information that I may d I agree to proSiNONPROFIT	ing programs and ability:Other iding fee assistance: formation. The ability be asked to provide the Maple Copouse signature:	ove is true and e proof of the enter with the	be eligible one: