



Scholarship Application

A. Family Information:

Name _____ Birth Date ____/____/____

Address: _____ Zip Code _____

Phone # (_____) _____ - _____ Email: _____

Any Dependent (s)? If Yes, please list Ages: _____

Spouse's Name: _____

B. Employment Information: (Please include a copy of your most current Federal Tax Return)

Employer: _____
(Circle one) Annual Monthly Income _____

Spouse Employer: _____
(Circle one) Annual Monthly Income _____

C. Other Income: (Examples include Social security, annuity, pension, unemployment, etc.) (Please include a copy of your most current Federal Tax Return)

Annual: _____ Monthly: _____ Total Income: _____

I have applied for assistance through the following programs and was found to be eligible: ☐ Medicaid ☐ Trustees ☐ Disability ☐ Other ☐ None

Please state any other reasons you are requesting sliding fee assistance (be sure to complete) :

Verification and authorization for release of information. The above is true and correct to the best of my knowledge. I understand that I may be asked to provide proof of the information which I have given on this form, and I agree to provide The Maple Center with the necessary verifications.

Applicant signature: _____ Date : _____

NONPROFIT OFFICE	
Date Received _____	Staff _____
Action _____	Staff _____
Applicant Response _____	Staff _____