**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_ **□ FIRST TIME APPLICANT □ RENEWAL APPLICANT**

**APPLICANT’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP:** \_\_\_\_\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HOW MANY ADULTS IN HOUSEHOLD?** \_\_\_\_\_\_

**MARITAL STATUS:** □ Single □Married □ Separated □Divorced □Widowed

**FINANCIAL ASSISTANCE REQUESTED FOR:**

**PROGRAMS**

□ Youth Sports □Swim Lessons □Wellness Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP**

□Adult □Family □ Student □Active Older Adult □Youth □Teen □ Family w/ \_\_\_ College Students

**FAMILY MEMBERS: (MUST be listed as dependents on tax return)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_

**INCOME:**

$ \_\_\_\_\_\_\_ Gross Monthly Income (1st Adult)

$ \_\_\_\_\_\_\_ Gross Monthly Income (2nd Adult)

$ \_\_\_\_\_\_\_ Child Support

$ \_\_\_\_\_\_\_ Cash Assistance

$ \_\_\_\_\_\_\_ Food Stamps

$ \_\_\_\_\_\_\_ Unemployment

$ \_\_\_\_\_\_\_ Social Security/ SSI Disability

$ \_\_\_\_\_\_\_ Retirement/Pension

$ \_\_\_\_\_\_\_ Alimony

$ \_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPENSE:**

$ \_\_\_\_\_\_\_ Rent/Mortgage (Circle One)

$ \_\_\_\_\_\_\_ Auto Loan

$ \_\_\_\_\_\_\_ Utilities

$ \_\_\_\_\_\_\_ Phone

$ \_\_\_\_\_\_\_ Child Support

$ \_\_\_\_\_\_\_ Medical

$ \_\_\_\_\_\_\_ Child Care

$ \_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**$ \_\_\_\_\_\_\_\_\_ TOTAL MONTHLY INCOME $ \_\_\_\_\_\_\_\_ TOTAL MONTHLY EXPENSES**

**$ \_\_\_\_\_\_\_\_\_\_\_\_ ANNUAL GROSS HOUSEHOLD INCOME**

**Please write a short statement in your own words indicating your financial need for obtaining a William A. Parise Scholarship.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby release all above information and attest that it is current and accurate to my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

**REQUIRED DOCUMENTATION MUST BE SUBMITTED TO BE CONSIDERED. A PERSONAL INTERVIEW MAY BE REQUIRED.**

□ **Federal Tax Return** (Form 1040: Call 800-829-1040 for a duplicate) □ **Copies of Proof of ALL Income Types**