



SCHOLARSHIP APPLICATION

CHILD'S NAME	ADDRESS	
CITY, STATE, ZIP	DOB	AGE
FATHER'S NAME	MOTHER'S NAME	
FATHER'S ADDRESS	MOTHER'S ADDRESS	
CITY, STATE, ZIP	CITY, STATE, ZIP	
HOME PHONE ()	HOME PHONE ()	
WORK PHONE ()	WORK PHONE ()	
CELL PHONE ()	CELL PHONE ()	
MARITAL STATUS Single Married Separated Divorced Remarried	MARITAL STATUS (circle one) Single Married Separated Divorced Remarried	
STEP PARENT'S NAME	STEP PARENT'S NAME	
ARE YOU ATTENDING SCHOOL? Number of Semester Credit hours:	ARE YOU ATTENDING SCHOOL? Number of Semester Credit hours:	
EMPLOYER	EMPLOYER	
EMPLOYER'S ADDRESS	EMPLOYER'S ADDRESS	
TYPICAL HOURS OF WORK	TYPICAL HOURS OF WORK	
TYPICAL WORKING DAYS	TYPICAL WORKING DAYS	
AVG. NUMBER OF HOURS WORKED WEEKLY	AVG. NUMBER OF HOURS WORKED WEEKLY	
<input type="checkbox"/> MY CHILD IS TYPICALLY DEVELOPING (Skip gray section)		
<input type="checkbox"/> MY CHILD HAS A DIAGNOSIS (Complete gray section) WHAT IS THE DIAGNOSIS	AT WHAT AGE WAS THE CHILD DIAGNOSED?	
NAME OF PERSON GIVING DIAGNOSIS	AGENCY AND PHONE NUMBER	
IF STILL MARRIED, NUMBER OF CHILDREN LIVING IN HOME (also include college students who return home for the summer)	NAMES AND AGES	
IF NOT MARRIED, NUMBER LIVING WITH FATHER DECLARED ON TAX RETURN (do not list the same child with mother and father if time is split)	IF NOT MARRIED, NUMBER LIVING WITH MOTHER DECLARED ON TAX RETURN (do not list the same child with mother and father if time is split)	
NAMES AND AGES	NAMES AND AGES	

NAMES, RELATIONSHIP AND AGE OF OTHERS LIVING IN THE HOME	
FATHER:	MOTHER:
<i>PLEASE COMPLETE BASED UPON CURRENT MONTHLY INCOME (ONLY COMPLETE FOR BOTH PARENTS IF BOTH CONTRIBUTE TO CHILD'S SUPPORT)</i>	
FATHER	MOTHER
GROSS WAGES	GROSS WAGES
WORKERS COMPENSATION INCOME	WORKERS COMPENSATION INCOME
SOCIAL SECURITY BENEFITS	SOCIAL SECURITY BENEFITS
FINANCIAL ASSISTANCE FROM STATE OR FEDERAL AGENCY (e.g., welfare)	FINANCIAL ASSISTANCE FROM STATE OR FEDERAL AGENCY (e.g., welfare)
CHILD SUPPORT PAYMENTS	CHILD SUPPORT PAYMENTS
OTHER INCOME	OTHER INCOME
TOTAL AVERAGE MONTHLY INCOME FATHER	TOTAL AVERAGE MONTHLY INCOME MOTHER
<i>PLEASE COMPLETE BASED UPON CURRENT MONTHLY EXPENSES (ONLY COMPLETE ONE SIDE IF CHILD LIVES WITH ONE OR BOTH PARENTS 100% OF THE TIME).</i>	
COMBINED PARENTS OR FATHER ONLY	MOTHER
PERCENT OF TIME CHILD LIVES WITH YOU	PERCENT OF TIME CHILD LIVES WITH YOU
RENT OR HOUSE PAYMENT	RENT OR HOUSE PAYMENT
FOOD	FOOD
CAR PAYMENT	CAR PAYMENT
HEALTH INSURANCE PAYMENTS	HEALTH INSURANCE PAYMENTS
CAR & HOME INSURANCE	CAR & HOME INSURANCE
UTILITIES	UTILITIES
CHILD SUPPORT PAYMENTS MADE TO CHILDREN NOT RESIDING IN APPLICANT'S HOME	CHILD SUPPORT PAYMENTS MADE TO CHILDREN NOT RESIDING IN APPLICANT'S HOME
PAYMENT ON OTHER BILLS (credit cards, etc.)	PAYMENT ON OTHER BILLS (credit cards, etc.)
TAXES (property)	TAXES (property)
MEDICAL AND DENTAL BILLS (not covered by workers compensation or insurance)	MEDICAL AND DENTAL BILLS (not covered by workers compensation or insurance)
OTHER (specify)	OTHER (specify)
TOTAL EXPENSES FATHER	TOTAL EXPENSES MOTHER
<i>PLEASE COMPLETE HOUSEHOLD ASSETS BASED UPON CURRENT ASSETS</i>	

COMBINED PARENTS OR FATHER ONLY	MOTHER
CASH ON HAND OR IN BANKS	CASH ON HAND OR IN BANKS
STOCKS, BONDS, NOTES	STOCKS, BONDS, NOTES
REAL ESTATE HOME/OTHER	REAL ESTATE HOME/OTHER
AUTOMOBILES	AUTOMOBILES
OTHER (Specify)	OTHER (Specify)
<i>PLEASE COMPLETE HOUSEHOLD LIABILITIES BASED UPON BALANCE OWED</i>	
CREDIT UNION OR BANK	CREDIT UNION OR BANK
REAL ESTATE MORTGAGE	REAL ESTATE MORTGAGE
AUTOMOBILE LOANS	AUTOMOBILE LOANS
CREDIT CARD DEBT	CREDIT CARD DEBT
OTHER (Specify)	OTHER (Specify)
TOTAL ASSETS	TOTAL ASSETS

PLEASE INDICATE THE TYPES OF SERVICE(S) NEED FOR THE SCHOLARSHIP.

- Preschool only**
- Childcare and Preschool**
- Before/After School Care**
- Individual Therapy Services**
- Group Therapy Classes**
- Summer Therapy Camp**
- Tutoring Services**

Mail to :
Good Shepherd School for Children
Attn: Scholarship Committee
1170 Timber Run Drive
St. Louis, MO 63146

- 1. Completed and signed application.**
- 2. Copy of parent(s) most recent Federal tax return (include reason if tax return is not available).**
- 3. If necessary, letter explaining any financial circumstances that have changed from last tax return.**

I (We) hereby certify that the information contained in this application is true and correct. I authorize Good Shepherd School for Children to verify all contents of this application. I also give my consent for the transmittal or communication to the scholarship committee by any company or institution that requires information to be verified. I understand that the falsification of any information contained in this application will disqualify my child from further consideration for scholarships.

Parent Signature: _____ Date: _____

Print Name: _____

Parent Signature: _____ Date: _____

Print Name: _____