

SPEAR



SUMMER 2017 SCHOLARSHIP APPLICATION

STUDENT INFORMATION

Name _____ Birth Date _____ Gender Identity _____

PARENT / GUARDIAN INFORMATION

Name _____ E-mail _____

Street Address _____ City _____ State _____ Zip _____

Work Phone Number _____ Home Phone Number _____

FINANCIAL INFORMATION

How many people live in your household, and what are their relationships to your child?

What was the combined gross income for 2014 & 2015 for your child's parent(s)/guardian(s)? _____

Do you rent or own the property where you live? Rent Own How much is your rent/mortgage? _____

Do you pay for daycare for your child/children Yes No If yes, do you pay monthly or weekly?

How much do you pay? _____

Do you pay monthly medical expenses? Yes No If yes, how much? _____

Do you have children or family members with special needs? If yes, what are the needs? _____

Do you have a checking account? Yes No If yes, what is your average balance? _____

Do you have a savings account? Yes No If yes, what is the current balance? _____

Do you own any stocks or bonds? Yes No If yes, what is their current value? _____

Please fax the completed scholarship application and your 2015 and 2017 tax returns to (510) 643-7879.