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### Educational Assistance Application

Date: \_\_\_\_\_

Student name: \_\_\_\_\_

Parent / Guardian name: \_\_\_\_\_

Employment: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_

State / Province / Region: \_\_\_\_\_

Postal / Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Total Gross Monthly Income: \_\_\_\_\_

Annual Gross Household Income: \_\_\_\_\_

### Expense Worksheet

Rent/Mortgage:

Monthly: \_\_\_\_\_

Utilities:

Monthly: \_\_\_\_\_

Medical:

Monthly: \_\_\_\_\_

Child Support:

Monthly: \_\_\_\_\_

**Agreement: I certify that this information is true and completed to the best of my knowledge.**

Signature: \_\_\_\_\_

