



SCHOLARSHIP APP

APRIL 2023 – APRIL 2024

Last Name	First Name	Home Phone		Work Phone
Street		City	Zip	Birth Date
		Olathe		

Including yourself, how many persons make up your household? _____ Email Address _____

Family Composition:

Name	Relationship	Sex	Birth Date

To be considered for a scholarship all applicants must provide:

A copy of your **2022 Federal Income Tax Return AND** documents verifying **all** of the following that

apply. 1. Alimony & Child Support

2. If claiming a dependent not listed on your income tax return, please provide a copy of your child's birth certificate or social security card

3. Social Security Administration Funding

Please provide the following information for ALL members of your household who have INCOME.

Income Section Must Be Completed and Signed Before Scholarship Can Be Processed

Name	Source of Income (see above)	Gross Monthly Income
		\$
		\$
		\$

Documentation of the income listed above must be attached to this application.

Certification			
I do hereby acknowledge that the information I have provided above is true and accurate and that this information is subject to verification by the agency providing funding for this project. I also acknowledge that the submission of false or inaccurate information could lead to my removal from the scholarship program for a designated time.			
Signature			Date
For City Use Only			
Source	\$	AGI	
The current program income limit for a household this size is	\$	Per year	
Certification conducted by:		Date:	

****Please note: Scholarship applications are only reviewed once per scholarship term***

