

# Scholarship Application

School Year 2017-2018

First Time Application

Application Renewal

## 1. Personal Information

- Adult requesting the scholarship for the child(ren):

First Name .....

Last Name .....

Date of Birth .....

Relationship to the child(ren) for  
who the scholarship is requested .....

- Marital status

Married / Partner

Divorced

Separated

Single

Widow

- Address

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 .....  
 .....

- Telephone

Home .....

Office .....

Mobile .....

- Email Address

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## 2. Household Information

Please list all the people living in your household

Last Name	First Name	Date of Birth	Special Needs (if any)

### 3. Family Situation

- Adult requesting the scholarship

Occupation .....

Name of the Employer .....

If unemployed, since when .....

- Spouse/Partner of the adult requesting the scholarship

Occupation .....

Name of the Employer .....

If unemployed, since when .....

- Other situations (foster family...)

Please provide with the appropriate documents listed in the Supporting Documents

### 4. Household Expenses

- House/Apartment

Do you own your dwelling?

Yes

No

Number of rooms .....  
Rent/month if you are a tenant .....  
Monthly mortgage payment (if any) .....

▪ **Bills**

Gas, Electricity /month .....  
Internet /month .....  
Cable television /month .....  
Telephone /month .....

▪ **Cars**

Number of cars you own .....  
Cost of gas per month .....  
Monthly leasing payment (if any) .....

▪ **Loans**

Consumer loans / Monthly  
installment .....  
Credit lines / Monthly installment .....  
Other loans (students...) .....

▪ **Food/Clothes/Supplies**

Please indicate monthly average spending on food, clothes and other supplies  
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## 5. Family Allowances

- Do you benefit of food stamps

If yes, please provide the supporting documents: .....

Yes

No

- Do you receive other allowances?

If yes, please name the donator/organization: .....

Yes

No

- Do children have other after-school activities?

If yes, please list them: .....

Yes

No

If yes, how many times per week? .....

If yes, how much does it cost? .....

6. Please list all the children living with you

First / Last Name	Name of the School	Grade	Tuition /year

7. EFBA Information

Please list only the child(ren) for whom the scholarship is requested

First / Last Name	EFBA Site	EFBA Class	EFBA Tuition /year

8. In a few words, can you please explain why you need a scholarship for your child(ren)?

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I hereby certify that information is accurate and complete. Any erroneous or false declaration will be subject to an exclusion of the tuition assistance system.

I understand that the information provided in this document is strictly confidential. EFBA is committed to respecting the confidentiality of the information provided.

Date:

Place:

Signature: