

Financial Information

Number of people in family (same household): _____

Monthly Income (all sources, net before tax): _____

Typical monthly expenses: _____

Unusual expenses: _____

Scholarship Requested Amount: _____

Applicants may be asked to provide copies of:

1. Current Tax Returns
2. Welfare/Free and Reduced Lunch Application
3. Child Support Amount
4. Government Supplement Income and Insurance Benefits if these are applicable.

I agree that the information provided is accurate, and that my request for scholarship is based on need. Additionally, I agree to actively participate in RRHC sponsored events including all fund-raising events.

Parent/Guardian Signatures: _____

Date: _____

FOR RRHC USE ONLY:

Full Tuition Amount: _____

Tuition Scholarship: _____

Final Tuition Amount: _____

Awarded Date: _____

Payment Plan (if applicable): _____

Scholarship Director

Date

Executive Director

Date