



Judith Hunter Scholarship Application

Child's Full Name: _____ Date of Birth: __/__/____ Grade Entering: ____

Complete both sides of this form for each child you are requesting a scholarship. All information must be completed and accurate. Attach pay stubs for the last four weeks for all adults contributing to the family income. Allow three (3) weeks for processing.

Family Information

Parent/Guardian 1

Full Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: (home) _____ (cell) _____ Email: _____

Place of Employment: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Work Telephone: _____

Parent/Guardian 2

Full Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: (home) _____ (cell) _____ Email: _____

Place of Employment: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Work Telephone: _____

Other children in the family

Name	Age	Living at Home (circle)	
		Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

Demographic Information (Optional)

Number of people in your household (including adults): _____

Child's Gender (circle): Female Male Other

