



Date Received:

One (1) Application Per Participant

2018 FFL Memorial Scholarship Application

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TOTAL HOUSEHOLD INCOME & EXPENSE REPORT

PLAYER:
 First: _____ Last: _____ Preferred Name: _____
 Date of Birth: ____ / ____ / ____ Age (as of 9/1/18): _____ Grade (as of 9/1/18): _____

MONTHLY INCOME	MONTHLY AMOUNT	MONTHLY EXPENSES	MONTHLY AMOUNT
Wages Gross _____ (Name of indiv rec wages)		Housing (Mortgage or Rent)	
Wages Gross _____ (Name of indiv rec wages)		Automobile loans	
Wages Gross _____ (Name of indiv rec wages)		Electricity	
Social Security Disability		Gas	
S.S.I.		Water	
Veteran's Disability		Phone	
Retirement		Cable	
Unemployment		Cell Phone	
Workers Comp		Auto Insurance	
Child Support		Home or Renter's Insurance	
Other Agencies		Medical & Dental Insurance (out of pocket costs)	
Any other income		Medical Expenses	
		Prescriptions	
		Groceries	
		Laundry	
		Child Care	
		Child Support	
		Loans	
		Other	

FOR FFL USE ONLY:
 Decision: Accepted FULL Accepted PARTIAL Declined Reason: _____