





Date Received:  
\_\_\_\_\_

**One (1) Application Per Participant**

# 2017 FFL Memorial Scholarship Application

## PAGE 2

### TOTAL HOUSEHOLD INCOME & EXPENSE REPORT

<b>PLAYER:</b>			
First: _____	Last: _____	Preferred Name: _____	
Date of Birth: ____ / ____ / ____	Age (as of 9/1/17): _____	Grade (as of 9/1/17): _____	

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	

<b>FOR FFL USE ONLY:</b>	
Decision:	<input type="checkbox"/> Accepted FULL <input type="checkbox"/> Accepted PARTIAL <input type="checkbox"/> Declined           Reason: _____