



## Leu Civic Center

213 N. Market Street

Mascoutah, IL 62258

Phone: 618-566-2175

E-mail: leuciviccenter@mascoutah.com



## Scholarship Application

Please return this form and accompanying documents two weeks prior to the program cycle that you are applying for. You will be notified within two weeks as to the amount of scholarship aid that can be provided.

### Section 1: General Information

1. Name of parents/ guardians: \_\_\_\_\_

2. Child's name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

3. Child's name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

4. Child's name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

5. Child's name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

6. Home address:

\_\_\_\_\_  
Street address City State Zip

7. Phone number: \_\_\_\_\_

8. Address (if different from child):

\_\_\_\_\_  
Street address City State Zip

9. Parent/Guardian employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer address: \_\_\_\_\_

10. Parent/Guardian employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer address: \_\_\_\_\_

11. Parental marital status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_

**Section 2: Costs**

**Membership** \$ \_\_\_\_\_

**Individual** (\$35)

**Family** (\$50)

**Homeschool Programs** \$ \_\_\_\_\_

**Program/Class Name(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**After School Clubs** \$ \_\_\_\_\_

**Program/Class Name(s):** \_\_\_\_\_

**Athletics** \$ \_\_\_\_\_

**Program/Class Name(s):** \_\_\_\_\_

**Summer Camp** \$ \_\_\_\_\_

**Program/Class Name(s):** \_\_\_\_\_

**Total Amount:** \$ \_\_\_\_\_

**Section 3: Financial Data**

The following data will be kept in **complete confidence** by the Scholarship Committee. Tax information requested is for the previous year (the filing that is due to the IRS on 4/15). The *first two pages* of the relevant U.S. Individual Tax Returns (1040) **must** accompany this application.

1. Adjusted gross family income \$ \_\_\_\_\_

2. Taxable family income \$ \_\_\_\_\_

3. Total federal and state income taxes paid \$ \_\_\_\_\_

4. Total itemized deductions (if any) \$ \_\_\_\_\_

If parents are divorced, does the custodial parent receive child support? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list monthly amount \$ \_\_\_\_\_

Please state the amount, if any, that you can contribute \$\_\_\_\_\_

How much are you asking for the scholarship to be? \$\_\_\_\_\_

Please make sure you have done the following:

\_\_\_\_\_ Fully completed the application form

\_\_\_\_\_ Signed the application form

All information in this application is, to the best of my knowledge, accurate and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

The Leu Civic Center evaluates each application for assistance individually. All information submitted is strictly confidential. Scholarships are awarded without regard to race, religion, gender or ethnicity.