



This application is confidential. It will be available only to members of the Scholarship Committee (Treasurer Alysa Dudley, President Kim Lueders, plus member-at-large Marc Sinclair, appointed for 2010-2011) and you. Voyagers will retain this document in its confidential files. Supporting documents will be returned to you along with a copy of this form.

**Parent / Guardian #1**

Name: \_\_\_\_\_ Relationship to Children: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Gross Monthly income including all sources  
(e.g., child support, rental income as well as paid work): \_\_\_\_\_

**Parent / Guardian #2**

Name: \_\_\_\_\_ Relationship to Children: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Gross Monthly income including all sources  
(e.g., child support, rental income as well as paid work): \_\_\_\_\_

How many other dependents are in the family? \_\_\_\_\_

How many are currently enrolled in care or education programs? \_\_\_\_\_

List any other circumstances you would like us to consider: \_\_\_\_\_

It is necessary to provide proof of income. This can consist of copies of the previous month's pay stubs, child support checks, SSI or disability checks. Other possibilities are the prior year's tax return, child support agreements, etc.. These documents will be returned to you.

I verify that the information provided here is accurate and complete to the best of my knowledge. I will notify Voyagers immediately if there are any changes in this information.

**Parent / Guardian #1**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent / Guardian #2**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Based on information provided in this application, I have deemed this family  
 eligible  ineligible for a Voyagers scholarship.

**Treasurer's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_