



**Confidential Active Military Application**

1. Scholarships are for Berwyn residents only, proof of residency required
2. Scholarships are for deployed member or 30 days after return member
3. Scholarships are base availability of funds
4. Non active military members would receive a 10% disc only
5. Reward amount of scholarship is 50% or less of fee of each program
6. The balance of the program must be PAID IN FULL by end of program
7. No scholarships are given to programs less than \$25.00

**Name of Participant** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Head of household** \_\_\_ Yes \_\_\_ No **Married** \_\_\_ **Single** \_\_\_ **DOB** \_\_\_\_\_

**Caucasian** \_\_\_ **Hispanic** \_\_\_ **African American** \_\_\_ **Other Specify** \_\_\_\_\_

**Number of individuals living in household** \_\_\_\_\_

**Number of individuals living in household who are employed** \_\_\_\_\_

**Active Military Member** \_\_\_ Yes \_\_\_ No **Deployment Date** \_\_\_\_\_

Does anyone in your household receive income from any of the following? Check all that apply and specify the amount.

\_\_\_\_ Social Security/SSI/SSDI...\$ \_\_\_\_\_/Month (circle one)

\_\_\_\_ Unemployment.....\$ \_\_\_\_\_/Month

\_\_\_\_ Workman's Comp.....\$ \_\_\_\_\_/Month

\_\_\_\_ Child Support.....\$ \_\_\_\_\_/Month

\_\_\_\_ Foster Parents (DCFS).....\$ \_\_\_\_\_/Month

\_\_\_\_ Pension.....\$ \_\_\_\_\_/Month

\_\_\_\_ Link.....\$ \_\_\_\_\_/Month

\_\_\_\_ TANF.....\$ \_\_\_\_\_/Month

**TOTAL AMOUNT OF INCOME (ADD TOTAL FROM ABOVE)\$** \_\_\_\_\_

I have read and understand the Berwyn Park scholarship policies. I also understand that all the information given is not a public record and will be kept confidential. I will make Berwyn park aware of any changes in our financial status. All of the information I have provided is accurate to my acknowledgement

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

