

Our Daughters
“helping GIRLS succeed one day at a time”

Scholarship Application

Our mission is to inspire and empower our daughters to develop into beautiful women, full of grace, character, integrity, and tenacity.

PARENTS OR GUARDIAN INFORMATION

| | | |
|-----------------------------------|------------------------|-------------|
| Applicants Name (Parent/Guardian) | Relationship to Child: | DOB (MM/DD) |
| | City | Zip |
| Home phone | Cell Phone | Email |

All information provided will be used to determined financial need.

PART 1. ALL HOUSEHOLD MEMBERS

| Names of <u>all</u> household members (First, Middle Initial, Last) | Name of school for each child/or indicate “NA” if child is not in school | Check if a foster child (legal responsibility of welfare agency or court) | Check if NO income |
|--|--|--|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

PART 2. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

| 1. NAME (List only household members with income) | 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED | | | |
|---|---|------------------------------------|---|------------------------|
| | Earnings From Work before deductions | Welfare, child support, alimony | Pensions, retirement, Social Security, SSI, VA benefits | All Other Income |
| <i>(Example) Jane Smith</i> | <u>\$199.99/weekly</u> | <u>\$149.99/every other week</u> | <u>\$99.99/monthly</u> | <u>\$50.00/monthly</u> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ |

The yearly fee is \$75 payable in 2 installments of \$37.50. Please circle the amount that you can pay per child.

\$0 \$5 \$10 \$15 \$20 \$25 Other _____

PART 3. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

The adult household member (applicant) must sign the application. **The adult signing the form also must list the last four digits of his or her Social Security Number.**

I certify (promise) that all information on this application is true and that all income is reported. I understand that Our Daughters Inc. will determine my financial need based on the information that I have provided on this form. I understand that Our Daughters Inc. may verify (check) the information. I understand that if I purposely give false information, my child(children) may lose scholarship.

| | |
|---|------------------------------|
| Sign here: _____ | Print name: _____ |
| Date: _____ | |
| Address: _____ | Phone Number: _____ |
| City: _____ | State: _____ Zip Code: _____ |
| Last four digits of Social Security Number: * * * - * * - _____ | |