

Scholarship Application Form

4 East Henrietta Road Rochester, NY 14620 (585) 633-8935 www.ebns.org

SCHOLARSHIP APPLICATION DEADLINE: <u>April 1, 2023</u>

Please make one copy for your records and then mail one copy of this form to our Treasurer:

EBNS Treasurer, 4 East Henrietta Road, Rochester, New York 14620

Child's name	Date:
Parent/Guardian's Name(s)	
Address	
City	State Zip Code
Telephone Number ()	Cell Phone ()
HOUSEHOLD MEMBERS List the names of everyone in your househo	ld and their relationship to you, including yourself.
<u>Name</u>	Relationship
1	
income is reported on the following page.	nd correct to the best of my/our knowledge and that all
SIGNATURE	DATE
SIGNATURE	

INCOME

Please list the current annual income <u>for all household members</u>. If you anticipate an increase or decrease in any income source during this year, please note that in the space provided. Please provide copies of your **most recent income tax returns**.

Income Source	Annual Amount	Is this amount expected to increase or decrease? Please explain
Earnings from Work (before deductions)	\$	
Earnings from Self- Employment (before taxes)	\$	
Child Support, Alimony, etc.	\$	
Payments from Pension or Retirement	\$	
Payments from Annuities or Other Investments	\$	
Other Income	\$	
Please explain any a	dditional/extenuatir	ng circumstances that we should consider with your application
	DC	NOT WRITE BELOW THIS LINE
Application No	Date Rece	ived No. in Household
Total Annual Income	e \$	Income EligibleYesNo
Date Notice Sent		