



N4Cs

Scholarship Application

Please fill out the following information, the attached instruction page, and include all requested documents. Please print all information legibly. Return to N4Cs Front Desk in a sealed envelope.

Name _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Number of adults in household _____ Number of children in family _____

Are you currently an N4Cs member? Y / N _____ Were you ever an N4Cs member? Y / N _____

List all family members, including yourself, who will be part of this application

Name	Relationship	Date of Birth	Sex

Combined Household Income _____ (Current Year) Child Support Received _____

Financial Assistance requested for:
 _____ N4Cs Summer Camp _____ Membership _____ Program(s)

If applying for a program, which program? _____

What is the amount you feel you are able to pay? _____

Sign and date the application and attach all documentation requested for financial aid consideration.

Signature: _____ Date: _____



N4Cs

Financial Aid Instruction Sheet

Please fill out and include all requested documentation for your application. Failure to do so will cause delays or rejection of your application. Please return all information to the N4Cs front desk.

Documentation to be included for all members of household:

- Two recent pay stubs
- Copy of previous years tax return
- Proof of any public assistance
- Verification of unemployment being received
- SSI/SSD for all household members if applicable

Monthly Income

Your wages before taxes	\$ _____
Spouses wages before taxes	\$ _____
Child's income before taxes	\$ _____
Grandparents income	\$ _____
Unemployment	\$ _____
Social Security	\$ _____
Child Support	\$ _____
Short/Long Term Disability	\$ _____
SSD/SSI	\$ _____
Aid to Dependent Children	\$ _____
Food Stamps	\$ _____
Workers Compensation	\$ _____
Alimony	\$ _____
Cash Assistance Award	\$ _____
Pension/Retirement Fund	\$ _____
Other Income/explain below	\$ _____
Total Income	\$ _____

Monthly Expenses

Rent/Mortgage	\$ _____
Utilities	\$ _____
Credit Cards	\$ _____
Food	\$ _____
Home Phone	\$ _____
Car Insurance	\$ _____
Alimony	\$ _____
Child Support	\$ _____
Medical	\$ _____
Loans	\$ _____
Other	\$ _____
Cell Phone	\$ _____
Total Expense	\$ _____

Please include a copy of your documentation for the above income and expenses.

Financial assistance determination is based on a review of the application.
 The Northern Columbia Community and Cultural Center reserves the right to refuse assistance to any applicant.
 Providing false or misleading information will result in an awarded scholarship being terminated.

I hereby acknowledge that the provided information is true and accurate; and that N4Cs has the right to refuse any application for assistance at their discretion.

Signature: _____

Date: _____