



# All 4 the Members Assistance Application

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NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

1. Are you receiving any assistance from local, county, state or federal government agencies? Yes \_\_\_ NO \_\_\_ If yes, describe the assistance:

2. Do you qualify for assistance from any local, county, state, or federal government agencies? Yes \_\_\_ No \_\_\_ If yes, what type of assistance are you qualified to receive:

3. Are you a veteran? Yes \_\_\_ No \_\_\_ If yes, and you are receiving benefits, describe the benefits:

4. Do you have any health insurance that covers related products or services?  
YES \_\_\_ NO \_\_\_ If yes, list the companies and policy numbers:

5. Is a guardian or anyone else legally responsible for your medical bills?  
Yes \_\_\_ No \_\_\_ If yes, give the name, address and phone number of the person.

6. Are you employed?

Yes \_\_\_ No \_\_\_ If yes, is your pay period:

Weekly \_\_\_ Every other week \_\_\_ 1<sup>st</sup> and the 15<sup>th</sup> of the month \_\_\_ Monthly \_\_\_

How much do you gross per pay period? \_\_\_\_\_

How much do you net per pay period? \_\_\_\_\_

7. Do you own your own home?

Yes \_\_\_ No \_\_\_ If yes, are you still making payments? Yes \_\_\_ No \_\_\_

How much is each monthly payment? \_\_\_\_\_

8. How much do you have in savings to which you have immediate access?

Does not include qualified retirement \_\_\_\_\_

9. What is your monthly net income:

Your employment \_\_\_\_\_

Social Security \_\_\_\_\_

Retirement \_\_\_\_\_

Investments \_\_\_\_\_

Other \_\_\_\_\_

Total monthly income \_\_\_\_\_

10. What are your monthly expenses:

Rent or house payment \_\_\_\_\_

Utilities \_\_\_\_\_

Car payment \_\_\_\_\_

Other transportation \_\_\_\_\_

Food \_\_\_\_\_

Medical Bills \_\_\_\_\_

Other \_\_\_\_\_

Total Monthly Expenses \_\_\_\_\_

11. In a few words, describe the need for the scholarship.

I certify that the above is true and correct and I request that I be considered for a scholarship.

\_\_\_\_\_  
Beneficiary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature if Beneficiary is unable to sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of person signing for Beneficiary

\_\_\_\_\_  
Relationship to Beneficiary

\_\_\_\_\_  
Reason beneficiary unable to sign.



For Office Use Only

Approved \_\_ Not Approved \_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

Comments:

\_\_\_\_\_  
Authorized Signature