



# THRIVE LEARNING CENTER ELIGIBILITY FORM: APPLICATION FOR FINANCIAL ASSISTANCE OR SCHOLARSHIP

Parent/Applicant Name: \_\_\_\_\_

## PERSONAL FINANCIAL INFORMATION

ASSET INFORMATION		
Type of Asset	Applicant (YOU)	Other Family Members
1. Checking Accounts	\$	\$
2. Savings Accounts	\$	\$
3. Vehicles	\$	\$
4. Personal Residence Real Estate	\$	\$
5. Certificate of Deposit	\$	\$
6. Retirement Plans/Funds and or Annuities	\$	\$
7. Life Insurance	\$	\$
8. Mutual Funds	\$	\$
9. Life Insurance	\$	\$
10. Mutual Funds	\$	\$
11. Trusts	\$	\$
12. Trusts	\$	\$
13. Other Real Estate	\$	\$
14. Personal Residence Real Estate	\$	\$
15. Retirement Plans/Funds and or Annuities	\$	\$
16. Accounts or Notes Receivable	\$	\$
17. Other Assets (Boats, RV, personal belongs such as furnishings, jewelry, etc.)	\$	\$
<b>ASSETS TOTALS</b>	<b>\$</b>	<b>\$</b>



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Parent/Applicant Name: \_\_\_\_\_

## PERSONAL FINANCIAL INFORMATION, continued

MONTHLY LIABILITIES AND EXPENSES INFORMATION		
Type of Liability/Expense	Applicant (YOU)	Other Family Members
1. Mortgage or Rent	\$	\$
2. Home Equity Loan	\$	\$
3. Other Mortgage	\$	\$
4. Vehicle Loan(s)	\$	\$
5. Credit Cards	\$	\$
6. Student Loans	\$	\$
7. Other Liabilities	\$	\$
8. Auto Insurance	\$	\$
9. Life Insurance	\$	\$
10. Health/Dental Insurance	\$	\$
11. Other Insurance	\$	\$
12. Paid Alimony or Child Support	\$	\$
13. Paid Child Care	\$	\$
14. Healthcare or Medications	\$	\$
15. Groceries	\$	\$
16. Electricity	\$	\$
17. Utilities	\$	\$
18. Phone	\$	\$
19. Other Expenses	\$	\$
<b>LIABILITIES AND EXPENSES TOTALS</b>	\$	\$



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Parent/Applicant Name: \_\_\_\_\_

Amount of Assistance/Scholarship Requested \_\_\_\_\_

## MONTHLY INCOME INFORMATION

Enter the average gross MONTHLY income in each box for yourself and each member you have counted in your family size. Information from various agencies' databases and web sites will be taken into consideration when determining eligibility. If the Type of Monthly Income does not apply, write N/A.

Type of Monthly Income	Applicant (YOU)	Other Family Members
1. <b>Employment Income for both parents and all family members age 19 and older</b> (including tips from pay stubs before deductions). <b>Attach copies of 2 most recent and consecutive pay stubs for each person.</b> If you (or a family member) are self-employed, complete #2.	\$	\$
2. <b>Self Employment Income for you and family member age 19 and older.</b> Attach verification such as, most recent Federal tax return (IRS 1040 and all attachments), or a copy of quarterly estimated taxes, or a listing of all business income expenses (More information and/or documentation may be requested.)	\$	\$
3. <b>Child Support Received for all family members</b>	\$	\$
4. <b>Cash Assistance for all family members</b>	\$	\$
5. <b>Other Federal Cash Income:</b> for example, Social Security payments for ALL family members.	\$	\$
6. <b>Other Monthly Income for all family members;</b> for example - unemployment compensation, ongoing monthly adoption assistance payments from DCFS, permanent disability payments (SSI), alimony, interest income, royalties, pension, annuities, veteran's pension, survivor's benefits, and living expenses portion of educational grants.	\$	\$
<b>SUBTOTAL (add lines 1 - 6)</b>	\$	\$
<b>SUBTRACT Child Support Paid</b> by you or another family member	- \$	- \$
<b>TOTAL MONTHLY INCOME</b>	\$	\$
If you receive any Housing Cash Assistance, including vouchers with a specific cash value, please report the amount here. <b>(THIS DOES NOT COUNT IN TOTAL FAMILY INCOME.)</b>		\$

I hereby certify and warrant, to the best of my knowledge, that the aforementioned information contained within this Personal Financial Statement is true, accurate, and complete. I also understand that this request will be reviewed quarterly.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Thrive Learning Center Director's Signature

*For Thrive Learning Center*

Proof of ICCP denial     Financial documentation provided    Aid/scholarship amount approved \_\_\_\_\_