



## Arthur Winckel Memorial Scholarship Application

Please return by June 1, 2009

All applications must include  
your most recent IRS Form 1040

You may mail this application to  
PO Box 1769, Titusville, FL 32781  
or drop it off  
at the Park Avenue Christian Academy office  
or the Temple Christian School office.

All information is kept confidential and secure.

GEF is a not-for-profit 501 c-3 organization. GEF reviews all applications without regard to race, color, sex, or national or ethnic origin.

Family name \_\_\_\_\_

# PARENT INFORMATION

Please print

\_\_\_ New applicant

\_\_\_ Continuing applicant.  
If continuing, years  
as recipient \_\_\_\_\_

## Custodial Parent Information (Where student resides)

Home address, city, state, zip code:

\_\_\_\_\_

Home phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Father's present employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mother's present employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

## Non-Custodial Parent Information

Parent's name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home address, city, state, zip code: \_\_\_\_\_

Home phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent's present employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

NAME OF CHURCH FAMILY ATTENDS: \_\_\_\_\_

## STUDENT INFORMATION FOR SCHOOL YEAR FOR WHICH YOU ARE APPLYING

School name: \_\_\_\_\_

| Student Name | Age   | Grade | Years at This School | Annual Tuition |
|--------------|-------|-------|----------------------|----------------|
| _____        | _____ | _____ | _____                | \$ _____       |
| _____        | _____ | _____ | _____                | \$ _____       |
| _____        | _____ | _____ | _____                | \$ _____       |
| _____        | _____ | _____ | _____                | \$ _____       |
|              |       |       | <b>TOTAL</b>         | \$ _____       |

# FINANCIAL INFORMATION

Please Print

**NOTE: You must attach a copy of your most recent federal income tax return. If you are self-employed, you must include a copy of schedule C.**

1. Number of people living in your household: Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Total: \_\_\_\_\_

## INCOME

2. Income (wages, salaries, tips, etc.) as reported on W-2 or 1099 form      Father: \_\_\_\_\_  
Mother: \_\_\_\_\_

3. Adjusted gross income: \_\_\_\_\_

### 4. **Untaxed Income:**

A. Social Security benefits \_\_\_\_\_ per year

B. Aid to family of dependent children \_\_\_\_\_ per year

C. Child support for all children \_\_\_\_\_ per year

D. Workers Compensation \_\_\_\_\_ per year

E. Housing, food, and other living allowances paid to members of military, clergy, or others \_\_\_\_\_ per year

F. Other non-taxable income (include foreign income exclusion) \_\_\_\_\_ per year

5. **Total non-taxable income (add A through F)** \_\_\_\_\_

6. **TOTAL—Adjusted gross income (#3) plus total non-taxable income (#5).** \_\_\_\_\_

7. Do you have relatives or other sources who will assist you in paying a portion of your tuition?    \_\_\_\_\_no    \_\_\_\_\_yes, amount \_\_\_\_\_

## MONTHLY EXPENSES

8. House payment/rent \_\_\_\_\_

12. Medical/dental \_\_\_\_\_

9. Utilities \_\_\_\_\_

13. College tuition \_\_\_\_\_

10. Car payment \_\_\_\_\_

14. Loan/credit card payments \_\_\_\_\_

11. Charitable contributions (tithe, donations, etc.) \_\_\_\_\_

15. **TOTAL (#8 through #14)** \_\_\_\_\_

**ASSET INFORMATION**

16. Total combined amount in cash, savings, and checking accounts  
(do not include IRAs or Keoughs) \_\_\_\_\_

|                       | What is it worth today? | What is owed? |
|-----------------------|-------------------------|---------------|
| 17. Home              | _____                   | _____         |
| 18. Land or farm      | _____                   | _____         |
| 19. Other investments | _____                   | _____         |
| 20. Business          | _____                   | _____         |
| 21. Rental property   | _____                   | _____         |

**STATEMENT**

If you would like to write a brief statement of extenuating circumstances (i.e., illness, supporting elderly parent, job layoff, etc.), you may do so here, or attach an extra page if needed.

**SIGNATURE REQUIRED**

All the information in this application is true and complete to the best of my knowledge. I am including a copy of my most recent federal income tax return, and I agree to submit additional proof of the information that I have given on the form if requested by the Gilchrist Educational Foundation. I also realize that if I do not give proof or fail to respond to written inquiries for additional information when asked, I may be denied aid.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_