



Emergency/Midyear Scholarship Application

Please mail the completed application to
PO Box 1769, Titusville, FL 32781.

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
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
			TOTAL	\$ _____

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

Please write a brief statement of any extenuating circumstances (i.e., illness, supporting elderly parent, job layoff, etc.). You may 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: _____