

**Fer De Lance FHC
SCHOLARSHIP APPLICATION**

FIRST TIME APPLICANT

RENEWAL

PO Box 4316, Ann Arbor, MI 48106

ADULT APPLICANT FIRST/ LAST NAME: _____ APP. DATE: _____

ADDRESS: _____ ZIP CODE: _____

PHONE #'s (DAY): _____ (EVENING): _____ EMAIL: _____

Current SCHOOL District & School: _____ TOTAL # IN HOUSEHOLD: _____

NAMES OF FAMILY MEMBERS (first and last)	AGES	NAMES OF FAMILY MEMBERS (first and last)	AGES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE SUBMIT COPIES OF REQUIRED DOCUMENTS:
REQUIRED FOR VERIFICATION OF RESIDENCY**

- Current Driver's License with current address **or**
Current Lease Agreement **or**
Current State ID
- Green Card (required if applicable)

REQUIRED FOR VERIFICATION OF INCOME/SUPPORT (ALL 3)

REQUIRED DOCUMENTATION:

- Federal tax forms **and**
- W-2's **and**
- Two (2) current pay stubs **or**
Letter from your current employer (see information sheet)

ADDITIONAL DOCUMENTATION: (provide all that apply)

- DHS Budget Report/Food Stamps Report/Letter
- Friend of the Court statement or checks or Relia Card Statement
- Reports documenting "Ward of Court", "Foster Child", Guardianship, Custodial Arrangements, and Divorce/Separation
- Social Security/Pension Report or Bank Statement
- MESOC Benefit Report
- Financial Aid Budget Breakdown/Award Letter from College or University
- Other documents that you feel will help show your current financial status

VERIFICATION OF SUPPORT FOR COLLEGE/UNIVERSITY STUDENTS

One or more is required for all college/university students.

- College/University Financial Aid Statement with budget breakdown
- Letter from University stating value of fellowship, tuition waiver, health care, grants, scholarships.
- Green Card (required if applicable). Student/Visitor visas do not qualify.

MONTHLY INCOME

Complete all that apply and supply relevant documentation.

- \$ _____ Wages (before taxes)
- \$ _____ Child Support/Spousal Support
- \$ _____ Social Security
- \$ _____ DHS/ Food Stamps
- \$ _____ Pension
- \$ _____ Unemployment
- \$ _____ College/University Waivers/Grants/Scholarships/Loans
- \$ _____ Other: _____
- \$ _____ **TOTAL MONTHLY INCOME/SUPPORT**

RESIDENCY: Circle the answers that apply to all family members.

- | | | |
|---|-----|----|
| Current Ann Arbor School District Resident(s)? | YES | NO |
| United States Citizen(s)? | YES | NO |
| Does any family member have a green card?
(must provide copies of each card) | YES | NO |
| Student Visas/Visitor Visas? | YES | NO |

IF YOU WISH TO APPLY UNDER ANY SPECIAL HARDSHIP CONDITIONS (UNUSUALLY HIGH MEDICAL EXPENSES, DISASTER OR CASUALTY LOSSES, ETC.), PLEASE COMPLETE THE APPLICATION AND DESCRIBE THE NATURE OF YOUR HARDSHIP HERE OR ON AN ATTACHED SHEET.

HARDSHIP:

This application must be completed and returned. Deliberate misrepresentation of information on this form subjects the applicant to prosecution under applicable State and Penal Statutes and will result in revocation of all future scholarships. My signature certifies that all of the above information is true and correct.

Any changes in the above information must be reported immediately.

Signature of Applicant or Signature of Parent/Guardian

FOR OFFICE USE ONLY

APPROVED: _____ COMMENTS: _____ DATE ENTERED: _____
DENIED: _____ LETTER SENT: _____

50% Scholarship: Y N Date of Expiration: _____