



ONE WEST PARK PLACE, GREAT NECK, NY 11023
Tel. 516-482-7357 Fax. 516-829-5989 www.greatneckpal.com

APPLICATION FOR SCHOLARSHIP

Date: _____

Season: _____

Name: Mr./Mrs. _____ S. S. # _____

Address _____ Apt. # _____ City _____ Zip _____

Home Tel. _____ Cell. _____ E-mail: _____

Family Total _____ Adults _____ Children _____ Ages _____

Employer or Business _____

Address _____ Tel #: _____ Yr. Employed _____

Weekly Income \$ _____ Other Inc. \$ _____ Source _____ Total _____

Spouse's Income \$ _____ Employer _____ Address _____ \$ _____

TOTAL INCOME PER WEEK \$ _____

HOUSING INFORMATION

Rent or Own (Circle one)

If Own: How long: _____ Mortgage Amount: \$ _____ Current: Yes/No

If Rent: How Long: _____ Monthly Rent: \$ _____ Current: Yes/No

CHILD SCHOOLING INFORMATION

Home Schooled/Private/Public (Circle one) School Name: _____

CREDIT INFORMATION

Bank (checking) _____ Address: _____ Acct. Name: _____

Bank (saving) _____ Address: _____ Acct. Name: _____

Credit Reference _____ Address: _____ Tel. #: _____

DATE

APPLICANT'S SIGNATURE

RECEIVED AND APPROVED

PLEASE PROVIDE A COPY OF LAST YEARS TAX RETURN (first 4 pages only), MOST RECENT PAYCHECK STUBS (LAST 2 MONTHS) AND DRIVER'S LICENSE.