



Gene Ahner Scholarship Fund Application Form

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____
LAST FIRST

Address _____
STREET CITY STATE ZIP CODE

Home Phone () _____ Cell Phone () _____

Email Address _____

LIST ALL CHILDREN IN THE HOUSEHOLD

Last Name, First	DOB	Grade	Last Name, First	DOB	Grade
1.			4.		
2.			5.		
3.			6.		

HOUSEHOLD MEMBERS AND ANNUAL INCOME

List all adult household members and indicate the amount of ANNUAL INCOME. (Including gross earnings from work, pensions, retirement, social security, welfare benefits, child support, alimony payments or other income.)

Last Name, First	Total Household Annual Income
1.	\$
2.	\$
3.	\$

I certify that all of the above information is true and correct and that all income is reported. I understand this information received for the receipt of reduced fees on District programs and officials may verify the information on the application. Deliberate misrepresentation of the information on this form may subject to prosecution under applicable State and Federal Laws.

 Signature of adult household member completing this form Date

Office Use Only

Date Received _____ Received By _____ CHCMB, INC. Pays \$ _____ Parent Owes \$ _____