

SAFE Grant/Scholarship Application | 2010/2011

Date: ____/____/____

Parent/Guardian Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Parent/Guardian Email Address: _____

1. List All Children

Name of Child	Date of Birth	Grade for 2010-2011

2. TOTAL HOUSEHOLD GROSS INCOME – YOU MUST TELL US HOW MUCH AND HOW OFTEN

- A. **Column 1 – Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
- B. **Column 2 – Gross income last month and how often it was received:** Next to each person's name list each type of income received last month, and how often it was received. (weekly, every other week, twice a month, or monthly).
- Earnings from work:** List the gross* income each person earned from work and how often the person got it **This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your employer can tell you.*
 - Welfare, Child support, Spousal Maintenance:** List how much and how often.
 - Pensions, Retirement, Social Security:** List how much and how often.

SAFE Grant/Scholarship Application | 2010/2011

4. **All other Income:** Include: supplemental Security Income (SSI), Worker’s Compensation, Disability benefits, Veteran’s (VA) benefits, Unemployment, Strike benefits, Regular contributions from people who do not live in you household, Net income from self-owned business, farm, or rental income, and ALL OTHER INCOME.
5. **If you are in the Military Housing Privatization Initiative do not include this housing allowance.**

1. Name	2. Gross income and how often it was received - Ex. \$100/monthly			
(List everyone in the household)	Earnings from work	Welfare, child support	Pensions, retirement, Social Security	All Other Income
	before deductions	spousal maintenance		
(Example) Jane Smith	\$200/weekly	\$150/monthly	\$100/monthly	

Amount being requested – Designated _____

Undesignated _____

Signature (An adult household member must sign)

I certify (promise) that all information on this application is true and that all income is reported.

Signature
Print Name
Date