



Application for MLC Scholarships

Applicant's Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ DOB _____

Email: _____

Only Complete below if applicant is a minor:

Mother's Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Cell _____ Work _____

Email: _____

Marital Status; ___Single ___Married ___Divorced ___Other

The above child lives with me _____% of the time.
____ I declared this child as a dependent on my last tax return.
____ I did not file a tax return last year.

Father's Name _____

Address: _____

City/State/Zip: _____

Telephone: _____ Cell _____ Work _____

Email: _____

Marital Status; ___Single ___Married ___Divorced ___Other

The above child lives with me _____% of the time.
____ I declared this child as a dependent on my last tax return.
____ I did not file a tax return last year.

Income

GROSS FAMILY INCOME

Family Member	Employer	Annual Income as reported on IRS form 1040
		\$
		\$
List Child Support		\$

Other Dependents and Members in Household

Name	Relationship	Name	Relationship

We are applying for financial aid for the following service(s): (Check all that apply)

Diagnostics
 Recreation Class
 Social Skills Class
 YAS Program
 Summer Camp

Guardian/Parent or Applicant Signature if 18 years or older

Application Date

Please also submit one of the items listed below. Please return to: Miriam Learning Center, 501 Bacon Avenue, St. Louis MO 63119 or email to gporter@miriamstl.org or fax to 314-968-7338 Attn: Gail Porter

1. Copy of IRS 1040-Tax Return form
2. Copy of paycheck stub
3. Copy of Social Security or other award letter