



Application for Learning Center 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(s): _____ 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: _____

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 from 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

Summer Camp
 Diagnostics
 YAS Program
 Recreation class

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 Ave, Webster Groves, MO 63119 or email gporter@miriamstl.org. You can fax it to 314-968-7338 Attn: Gail Porter.

1. Copy of IRS 1040 Tax Return (you can black out your social security number)
2. Copy of your last two paycheck stubs.
3. Copy of social security or other award letter