



**2026/2027
Student Reapplication
Undergraduate Scholarship Grant**

DUE: MAY 16, 2026

The information contained in this application will be kept strictly confidential.

Date _____ Social Security Number _____

Name _____
First Middle Last Pronouns (optional)

Home Address _____
Street City/Town State Zip

Primary Phone Number (specify if home phone or parent's cell phone) _____

Student Cell Phone Number _____

E-mail address for all communications regarding this scholarship _____

Signatures of parent, parents or guardian affirming the above

COLLEGE (Complete ONLY if changing colleges)

What college do you wish to attend? _____

Complete address of the college _____

Reason for Transferring? _____

What is your desired major? _____

Will you live at home or on campus? _____

Provide an update on your college grades and activities. (Classes, grades, activities, internships, progress toward your major....)

Signature of Student _____



***ATTACH THE FINANCIAL AID OUTLINE PROVIDED TO YOU BY THE COLLEGE YOU WILL BE ATTENDING**

ESTIMATED EXPENSES

Tuition	\$ _____
Room and Board	\$ _____
Registration Fee	\$ _____
Infirmery/Health Fee	\$ _____
Student Activities Fee	\$ _____
Books	\$ _____
Clothes	\$ _____
Laundry	\$ _____
Travel	\$ _____
Other - (please specify)	\$ _____
Total Estimated Expenses:	\$ _____

ESTIMATED INCOME

Savings	\$ _____
Student Earnings/summer employment	\$ _____
Earnings during college year	\$ _____
Parents' Contribution	\$ _____
Do you benefit from any educational plan? or savings account? i.e. Coverdell Plan or 529 Plan (name & amount)	\$ _____
College Scholarship	\$ _____
Other Scholarships (Please provide name/s and amount/s)	\$ _____
Planned Loan (if any)	\$ _____
Name of Lender: _____	
Total Estimated Income	\$ _____
Net Estimated Need for the Year	\$ _____

Any Additional Education Expenses: (Please provide details)_____

Extraordinary Family Expenses or Situations: (Please provide details)_____

* * * *

**This Application and Financial Statement must be filled out in its entirety.
If there are any answers left blank, the application will NOT be considered.**

* * * *

Name _____

Date _____

STATEMENT OF ADJUSTED FAMILY INCOME (To be completed by student's Parents

or Guardian) Adjusted Gross plus non-taxable income from 2025 Federal Tax Returns

A. Father \$ _____

B. Mother \$ _____

C. Adjusted Family Income from (2025) form 1040 \$ _____

Current Family Assets and Non-Taxable Income

Home Equity \$ _____

Other Real Estate Equity \$ _____

Checking Account Balance \$ _____

Savings Account Balance \$ _____

Other Investments (including stocks & bonds) \$ _____

Non-Taxable Income - Social Security \$ _____

Non-Taxable Income - Child Support \$ _____

Non-Taxable Income - Other \$ _____