

## Vocational Scholarship Application

Littleton #1650 Scholarship/Charity Fund, Inc.

## Qualifications

#### Check to see that you meet the qualifications:

US citizen on the date the application is signed. Resident Alien status does NOT qualify.

Have earned a high school diploma or GED.

#### **Independent Student**

□ Resident of Littleton, Colorado or a surrounding local area with an Elks Lodge.

We will not accept an applicant as an independent student, unless the student is or has been a ward of the Court. We require a copy of a Court Document or a Notarized letter from an appropriate Court Agency (Social Services) certifying to such status.

### Instructions

#### IMPORTANT: Application may be submitted at any time to:

Littleton #1650 Scholarship/Charity Fund, Inc. Memorial Scholarship Application, Attn: Scholarship Committee 5749 South Curtice Street Littleton, CO 80120

The Vocational Scholarship Application must be completed in its entirety with signatures of applicant, parent/guardian if applicable

After completing this application, make a photocopy for your records. All applications become the property of the Littleton #1650 Scholarship/Charity Fund, Inc. and <u>will not</u> be returned to the applicant. Typewritten applications are preferred; however, neatly printed applications are acceptable. Applications and all supporting documents must be in English.

Please arrange the completed packet for presentation to Elks Scholarship Committee as follows:

1. Please place pages in the order sequence according to the Applicant Checklist.

2. Place all pages in a folder or clipped together. Please make sure the information can easily be read by judges.

The scholarships are awarded based on Financial Need and Vocational Skills.

All scholarships are awarded by the Littleton #1650 Scholarship/Charity Fund, Inc. committee are conditioned upon the enrollment of the student in a Vocational School program. Upon receipt of the "Verification of Enrollment", a check for the amount of the award will be sent directly to the school establishing a credit in the student's name.

**Important:** ALL items <u>must</u> be included in packet at time of submission.

Application Checklist, please arrange packet in this order:

- □ 1. Completed Application (original, typed or neatly printed)
- □ 2. Vocational Education Plans
- □ 3. Employment
- □ 4. Financial Analysis, both pages



# **Vocational Scholarship Application** Littleton #1650 Scholarship/Charity Fund, Inc.

Date	Phone	
Name		
Last	First	Middle Initial
Street Address		
City, State, Zip		
Email		
Date of Birth/ Month Da	/ Place of Birth ay Year City & State or City & Countr	у
-	izen by birth? □ Yes □ No American Citizen, give date, place (Office or Court) & Natu	uralization Number.
Date	Place Court or Office and City & State	
Please tell us how you he	eard about Littleton Elks Lodge #1650 Scholarship and wl	hat motivated you to apply?
<ol> <li>Provide additiona</li> <li>Allow use of your</li> </ol>	n, you agree to: al information, if requested, that will verify the accuracy of r name, and any information contained within the applicat notional, and publicity purposes without compensation.	
<ol> <li>Provide additiona</li> <li>Allow use of you advertising, prorr</li> </ol>	al information, if requested, that will verify the accuracy of r name, and any information contained within the applicat	ion, <b>except</b> financial, for
<ol> <li>Provide additiona</li> <li>Allow use of your advertising, prom</li> </ol>	al information, if requested, that will verify the accuracy of r name, and any information contained within the applicat notional, and publicity purposes without compensation. ng information is identified; the applicant will be disqualifie	ion, <b>except</b> financial, for
<ol> <li>Provide additiona</li> <li>Allow use of you advertising, prom</li> <li>Should false or misleadir</li> </ol>	al information, if requested, that will verify the accuracy of r name, and any information contained within the applicat notional, and publicity purposes without compensation. ng information is identified; the applicant will be disqualifie	ion, <b>except</b> financial, for
<ol> <li>Provide additiona</li> <li>Allow use of your advertising, prom</li> <li>Should false or misleadir</li> <li>Date</li> </ol>	al information, if requested, that will verify the accuracy of r name, and any information contained within the applicat notional, and publicity purposes without compensation. ng information is identified; the applicant will be disqualifie Student signature	ion, <b>except</b> financial, for
<ol> <li>Allow use of your advertising, prom</li> <li>Should false or misleadir</li> <li>Date</li> <li>Date</li> <li>Date</li> </ol>	al information, if requested, that will verify the accuracy of r name, and any information contained within the applicat notional, and publicity purposes without compensation. Ing information is identified; the applicant will be disqualifie Student signatureParent/Guardian signature	ion, <b>except</b> financial, for
<ol> <li>Provide additiona</li> <li>Allow use of your advertising, prom</li> <li>Should false or misleadir</li> <li>Date</li> <li>Date</li> <li>Date</li> </ol>	al information, if requested, that will verify the accuracy of r name, and any information contained within the applicat notional, and publicity purposes without compensation. Ing information is identified; the applicant will be disqualifie Student signature Parent/Guardian signature Parent/Guardian signature Scholarship/Charity Fund Committee:	ion, <b>except</b> financial, for



Vocational Education Plans		
Name of Technical/Vocational School		
Street Address		
City, State, Zip		
Phone		
Name of Vocation		
Length of program		
Please describe your vocational goals and expected outcome?		
Please describe any extenuating circumstances?		

## Employment

List jobs you have held over **the past three years** for which you were paid, with the most recent first. Please include work in a family business, even if not paid. <u>Please list approximate total hours worked.</u>

Name of Employer / City, State	Dates of Employment	Type of Work	Average hours per Week



## **Vocational Scholarship Application** Littleton #1650 Scholarship/Charity Fund, Inc.

	Financial Analysis	
Plea	(If tax return has not filed yet, please include an estimate income for upcoming year.) ase provider parental information, if applicable.	
Par	rent/Guardian Age Occupation rent/Guardian Age Occupation	
Cus	stodial Parent's marital status as of today (choose one):	
	Mother: Married □ Single □ Widowed □ Divorced □ Father: Married □ Single □ Widowed □ Divorced □	
INC	COME:	
	Parent/Guardian last year annual gross income (earned from work) <u>\$</u>	
	Parent/Guardian last year annual gross income (earned from work)	
	Adult Student last year annual gross income (earned from work)**  s nancipated person seeking financial assistance. Total income	¢
		Φ
D.	All other income not included above*** (including pensions, IRA/Keogh, 401(k), Social Security/disability benefits, child support,	
	rent-free housing, etc.)	\$
***Fc	or Social Security, only report benefits for parent(s) and other siblings. Do not include benefits received by the applicant.	T
Inc	eme Seuvee if not from an amplayor	
	<b>ome Source</b> , if not from an employer: m or Business	
E.	Year business was started% of ownership	
F.	Market value of farm or business, if sold today \$	
G.	Parent/guardian liability responsibility amount? \$	
Η.	Farm or business equity \$	
I.	Parent/Guardian last year annual gross income (earned from this business) \$	
Rer	ntal Property	
J.	Year rental business was started% of ownership	
K.	Market value of rental property, if sold today \$	
L.	Parent/guardian liability responsibility amount?	
М.	Rental property equity \$	
N.	Parent/Guardian last year annual gross income (earned from this business)	\$
	TOTAL GROSS INCOME	\$
AS	SETS:	
О.	Market value of home if were to sell it today (student or parents) \$	
	Year home was purchased	
	Amount of unpaid mortgage \$	
	Amount of Home Equity \$	
	Value of bank accounts \$	
	Value of other investments (CDs, stocks, bonds, college savings plan, etc.)  TAL VALUE OF NET ASSETS  \$	

R. Personal assets from work gifts/trusts, friends, relatives, etc.



#### HOUSEHOLD EXPENSES:

S.	Medical and Dental Expenses not paid by insurance expected in upcoming year
	(If over \$5,000, explain circumstances in parental statement.)

\$\_\_\_\_\_

T. What is the household monthly rent or mortgage payment?

\$\_\_\_\_\_

U. Number of individuals who receive the majority of their support from this household income?

Name	Age	In college Y/N	College attending

V. Please list any additional support provided by this household income:

Name	Age	Extenuating circumstances: