

## Barn Scholarship Application Form Holway Child Study Center – The Barn

Tel: 617-243-2287 Fax: 617-243-2230

Please complete the following questions, list information regarding the parent or parents with whom the student resides:

Student Name:	_
Parent Name:	Telephone:
Parent Name:	Cell Phone:
Address:	-
City:	
State: Zip	
Email address:	
Parents' marital status: Please check the box that applie Married Single Separated Divorced _	es to the parent or parents with whom the student resides: —
Family information: Please list the number of family men	mbers in the household in which the student resides:
Please provide the following information regarding prinformation for the parent/step-parents with whom	
Will or did the parent(s) file a federal tax return for If yes, please provide a copy of that return with this	
Taxable Income:	
<ul> <li>Wages, salaries for father/step-father</li> <li>Wages, salaries for mother/step-mother</li> <li>Interest/dividend income</li> <li>Other taxable income</li> <li>(workman's compensation, taxable social security benefits, rental or business income etc.)</li> </ul>	
Untaxed Income:	
<ul> <li>Social Security benefits (received for parent(s) or student)</li> <li>Child support</li> <li>Welfare benefits</li> <li>other</li></ul>	

**Total Income** 

## Investments (stocks, bonds, mutual funds etc.) Cash, savings, checking accounts Office use only: Date received: \_\_\_\_\_ Received by: \_\_\_\_\_ Date reviewed: \_\_\_\_ Reviewed by: \_\_\_\_\_ Approved: yes \_\_\_ no \_\_\_ Amount: \_\_\_\_\_

Asset Information: Please list current value of the following assets