**PARENT’S CONFIDENTIAL STATEMENT**

**Application Instructions**: Only provide the information on this page if you wish to be considered for a **Needs-Based** scholarship. All requested information must be provided and will be treated as confidential.

Print and complete this page, scan and email to Scholarships@SantaCruzSunriseRotary.org.

**PARENT OR GUARDIAN 1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year(s) with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross Income for last year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Gross Income for this year: \_\_\_\_\_\_\_\_\_\_\_\_

**PARENT OR GUARDIAN 2**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year(s) with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross Income for last year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Gross Income for this year: \_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATIONAL EXPENSES**

Estimated tuition and related expenses for upcoming year: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected family contribution to educational expenses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s resources (savings, income, etc.): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other sources of funding (scholarships, grants, loans, etc.): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional information you wish to provide:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PARENT’S AUTHORIZATION**

*The information provided on this form is accurate and true to the best of my/our knowledge.*

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE \_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_