



Leu Civic Center

213 N. Market Street

Mascoutah, IL 62258

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Scholarship Application

Please return this form and accompanying documents two weeks prior to the program cycle that you are applying for. You will be notified within two weeks as to the amount of scholarship aid that can be provided.

Section 1: General Information

1. Name of parents/ guardians: _____

2. Child's name: _____ DOB ___/___/___

3. Child's name: _____ DOB ___/___/___

4. Child's name: _____ DOB ___/___/___

5. Child's name: _____ DOB ___/___/___

6. Home address:

Street address City State Zip

7. Phone number: _____

8. Address (if different from child):

Street address City State Zip

9. Parent/Guardian employer: _____ Phone: _____

Employer address: _____

10. Parent/Guardian employer: _____ Phone: _____

Employer address: _____

11. Parental marital status: Single: _____ Married: _____ Widowed: _____ Divorced: _____

Section 2: Costs

Membership \$ _____

Individual (\$35)

Family (\$50)

Homeschool Programs \$ _____

Program/Class Name(s):

After School Clubs \$ _____

Program/Class Name(s): _____

Athletics \$ _____

Program/Class Name(s): _____

Summer Camp \$ _____

Program/Class Name(s): _____

Total Amount: \$ _____

Section 3: Financial Data

The following data will be kept in **complete confidence** by the Scholarship Committee. Tax information requested is for the previous year (the filing that is due to the IRS on 4/15). The *first two pages* of the relevant U.S. Individual Tax Returns (1040) **must** accompany this application.

1. Adjusted gross family income \$ _____

2. Taxable family income \$ _____

3. Total federal and state income taxes paid \$ _____

4. Total itemized deductions (if any) \$ _____

If parents are divorced, does the custodial parent receive child support? _____ Yes _____ No

If yes, please list monthly amount \$ _____

Please state the amount, if any, that you can contribute \$_____

How much are you asking for the scholarship to be? \$_____

Please make sure you have done the following:

_____ Fully completed the application form

_____ Signed the application form

All information in this application is, to the best of my knowledge, accurate and complete.

Date

Signature of Parent/Guardian

The Leu Civic Center evaluates each application for assistance individually. All information submitted is strictly confidential. Scholarships are awarded without regard to race, religion, gender or ethnicity.