

# THE CLEVELAND TOUCHDOWN CLUB CHARITIES MEMORIAL SCHOLARSHIPS APPLICATION

## GENERAL INFORMATION

NAME OF APPLICANT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME (OR MOBILE) PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF HIGH SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

## NON-ATHLETIC PARTICIPATION – MANDATORY (e.g. Team Manager)

\_\_\_\_\_

NAME OF COLLEGE WILL BE ATTENDING: \_\_\_\_\_

EXPECTED DATE OF COLLEGE GRADUATION: \_\_\_\_\_

NAMES & AGES OF BROTHERS & SISTERS AND COLLEGE OR HIGH SCHOOL THEY ARE ATTENDING (PLEASE ONLY LIST THOSE SIBLINGS UNDER THE AGE OF 23):

\_\_\_\_\_

\_\_\_\_\_

## FINANCIAL INFORMATION

: PARENT(S) GROSS INCOME AS STATED ON THEIR 2010 W-2 FORMS

FATHER: \$ \_\_\_\_\_ MOTHER: \$ \_\_\_\_\_ COMBINED: \$ \_\_\_\_\_

INCOME FROM CHILD SUPPORT AND/OR ALIMONY: \$ \_\_\_\_\_

IF INCOME IS EXPECTED TO BE SIGNIFICANTLY DIFFERENT IN THE FUTURE, PLEASE EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

