

**SCHOLARSHIP APPLICATION**  
For Driver Education

Parent Name \_\_\_\_\_  
 Student Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

Please describe the reasons for needing assistance with this expense.....

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

How many people live in your household?

Please list your income and expenses below.....

Income	
Income I	
Income II	
Total	
Expenses	
Rent	
Utilities	
Food	
Auto Expense	
Insurance	
Credit Cards	
Other Expenses	
Total Expenses	
Net Income	

*I certify that the above information is accurate and correct, to the best of my ability, and the disclosure of this information is for the sole purpose of being considered for a reduced rate to receive driver education services for my child.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date & Place