



**STUDENT APPLICATION FOR FINANCIAL AID**

**Collegiate School of Memphis Scholarship Program**

5. **Household Members and Monthly Income:** (Include all children and adults in household)

Names of household members	Monthly Earnings		Monthly Welfare Payments Child Support	Monthly SSI or Pension Payments	Monthly Food Stamp Amount	All Other Monthly Income
	(Gross Pay)	(Take Home Pay)				
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Do you receive Housing Assistance from: ( ) MHA ( ) Section 8 ( ) HUD ( ) Other (Please explain) \_\_\_\_\_

6. **Signature and Social Security #**

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds regarding the school meals program; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult Household Member: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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**A COPY OF YOUR MOST RECENT W-2 FORM and 1040 TAX RETURN MUST ACCOMPANY THIS APPLICATION.**

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Please mail application to:  
**Collegiate School of Memphis, 675 National, Memphis, TN 38122**