

Scholarship Application
Must be a Colorado Resident for a Minimum of One Year
SCHOLARSHIP REQUEST FOR:\$_____

PARENT/LEGAL GUARDIAN

ATTACHED COPY OF COLORADO DRIVER'S LICENSE

Household Members and all Sources of Income (Employer, SSI, SSDI, A.N.D., TANF, child support, food stamps, VA or other)

Name	Age	Relationship	Monthly Take Home Income	Source of Income

Resources:

- Name of Bank (Checking)_____ Balance:_____
- Name of Bank (Savings)_____ Balance:_____
- Automobile Make/Model/Year:_____ When Purchased:_____ Balance Due:_____
- 2nd Automobile Make/Model/Year:_____ When Purchased:_____ Balance Due:_____
- How much can the applicant or the family contribute? If nothing, please explain:

- What other organizations have been contacted and how much has been pledged?

Monthly Household Expenses:

Rent/Mortgage_____ Utilities_____ Phone(s)_____

Food (without food stamps) _____ Household Items _____

Auto Payments_____ Auto Insurance_____ Gas/Oil_____

Public Transportation_____ Day Care _____

Health Insurance_____ Additional Medical/Dental_____ Pharmacy_____

Other (please explain) _____

- *This applicant and the provider of service agree to defend, indemnify and hold A.V. Hunter Trust harmless from any and all claims, disputes, liabilities, or causes of action arising out of services provided to recipients of assistance through the A.V. Hunter Trust.*

Applicant Signature_____ **Date**_____

Kid's Mobility Network Representative Signature_____ **Date**_____