



## Arthur Winckel Memorial Scholarship Application

Please return by June 1, 2010

All applications must include  
your most recent IRS Form 1040

You may mail this application to  
PO Box 1769, Titusville, FL 32781  
or drop it off  
at the Park Avenue Christian Academy office  
or the Temple Christian School office.

Please be advised that typical GEF scholarship amounts  
range between \$500 and \$1,000 per student.

Scholarship decisions are announced in early July.

If your financial picture changes significantly after your application  
has been submitted, you must notify GEF. Failure to do so is grounds for  
disqualification for a GEF scholarship.

All information is kept confidential and secure.

GEF is a not-for-profit 501 c-3 organization. GEF reviews all applications without  
regard to race, color, sex, or national or ethnic origin.

# PARENT INFORMATION

Please print

Family name \_\_\_\_\_

\_\_\_ New applicant

\_\_\_ Continuing applicant.  
If continuing, years  
as recipient \_\_\_\_\_

## Custodial Parent Information (Where student resides)

Home address, city, state, zip code:

\_\_\_\_\_

Home phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Father's present employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mother's present employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

## Non-Custodial Parent Information

Parent's name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home address, city, state, zip code: \_\_\_\_\_

Home phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent's present employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

NAME OF CHURCH FAMILY ATTENDS: \_\_\_\_\_

## STUDENT INFORMATION FOR SCHOOL YEAR FOR WHICH YOU ARE APPLYING

School name: \_\_\_\_\_

Student Name	Age	Grade	Years at This School	Annual Tuition
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
			<b>TOTAL</b>	\$ _____

# FINANCIAL INFORMATION

Please Print

**NOTE: You must attach a copy of your most recent federal income tax return. If you are self-employed, you must include a copy of schedule C.**

1. Number of people living in your household: Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Total: \_\_\_\_\_

## INCOME

2. Income (wages, salaries, tips, etc.) as reported on W-2 or 1099 form      Father: \_\_\_\_\_  
Mother: \_\_\_\_\_

3. Adjusted gross income: \_\_\_\_\_

### 4. **Untaxed Income:**

A. Social Security benefits \_\_\_\_\_ per year

B. Aid to family of dependent children \_\_\_\_\_ per year

C. Child support for all children \_\_\_\_\_ per year

D. Workers Compensation \_\_\_\_\_ per year

E. Housing, food, and other living allowances paid to members of military, clergy, or others \_\_\_\_\_ per year

F. Other non-taxable income (include foreign income exclusion) \_\_\_\_\_ per year

5. **Total non-taxable income (add A through F)** \_\_\_\_\_

6. **TOTAL—Adjusted gross income (#3) plus total non-taxable income (#5).** \_\_\_\_\_

7. Do you have relatives or any other private sources who will assist you in paying a portion of your tuition?      \_\_\_\_\_ no      \_\_\_\_\_ yes, amount \_\_\_\_\_

8. Have you received or applied for tuition assistance from any other scholarship source, such as Step Up for Children?      \_\_\_\_\_ no      \_\_\_\_\_ yes, amount \_\_\_\_\_

Please be advised that tuition assistance from other sources is taken into consideration when determining GEF scholarship amounts. Failure to disclose tuition assistance from any other source is grounds for disqualification for a GEF scholarship. If additional funding becomes available to you during the year, you must promptly notify GEF.

## MONTHLY EXPENSES

8. House payment/rent \_\_\_\_\_

12. Medical/dental \_\_\_\_\_

9. Utilities \_\_\_\_\_

13. College tuition \_\_\_\_\_

10. Car payment \_\_\_\_\_

14. Loan/credit card payments \_\_\_\_\_

11. Charitable contributions (tithe, donations, etc.) \_\_\_\_\_

15. **TOTAL (#8 through #14)** \_\_\_\_\_

**ASSET INFORMATION**

16. Total combined amount in cash, savings, and checking accounts  
(do not include IRAs or Keoughs) \_\_\_\_\_

	What is it worth today?	What is owed?
17. Home	_____	_____
18. Land or farm	_____	_____
19. Other investments	_____	_____
20. Business	_____	_____
21. Rental property	_____	_____

**STATEMENT**

If you would like to write a brief statement of extenuating circumstances (i.e., illness, supporting elderly parent, job layoff, etc.), you may do so here, or attach an extra page if needed.

**SIGNATURE REQUIRED**

All the information in this application is true and complete to the best of my knowledge. I am including a copy of my most recent federal income tax return, and I agree to submit additional proof of the information that I have given on the form if requested by the Gilchrist Educational Foundation. I also realize that if I do not give proof or fail to respond to written inquiries for additional information when asked, I may be denied aid. I will promptly notify GEF if my student receives additional tuition assistance after this application is submitted.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_