



Ella Redkey Municipal Pool
Scholarship Application

Primary Adult Applicant:	Birth Date: / /	Gender: ___ M ___ F	
Home Address:	City:	State:	Zip:
Email:	Cell Phone:	Alternate Number:	
Employer:	Occupation:	Length of Employment:	

Secondary Adult Applicant:	Birth Date: / /	Gender: ___ M ___ F	
Home Address:	City:	State:	Zip:
Email:	Cell Phone:	Alternate Number:	
Employer:	Occupation:	Length of Employment:	

DEPENDENTS AND ALL OTHER PERSONS LIVING IN THE HOUSEHOLD

List below all other adults and children currently residing in the household. Only children who are born to you, legally adopted/ guardianship by you, or claimable on your taxes will be considered dependents. Children 19 years and older are considered dependents only if they are a full-time student AND you claimed them on your federal income taxes.

1)Name:	Birth Date: / /	Gender:	Relationship:
2)Name:	Birth Date: / /	Gender:	Relationship:
3)Name:	Birth Date: / /	Gender:	Relationship:
4)Name:	Birth Date: / /	Gender:	Relationship:



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Please circle one of the following ranges for yearly household income:

Less than \$10,000

\$10,001 - \$20,000

\$20,001 - \$30,000

\$30,001 - \$40,000

\$40,001 - \$50,000

More than \$50,001

Please describe your need for a scholarship:

Have you previously received a scholarship from Ella Redkey Municipal Pool?

_____ No _____ Yes

Program you are applying for a scholarship for: _____

Name(s) of child(ren) you are applying for a scholarship for: _____

I certify that this information is accurate to the best of my knowledge.

Signature of Applicant

Date