

TBRI/ABC Scholarship

A limited number of scholarships are available based on families' income. Please answer the question below and complete the income statement. You will be contacted by an Agape worker if scholarships apply for your family.

Which potential sources of funding have you already contacted? (examples: church, workplace, personal contacts) Please explain:

Income Statement

as of ____/____/____

NAME:	PHONE:	EMAIL:	
ADDRESS:	CITY:	STATE:	ZIP:
HOUSEHOLD SIZE:	GROSS ANNUAL INCOME: \$		

INCOME:	AMOUNT (\$)
Net Monthly Wages/Salaries (after taxes)	_____
Other Income	_____
Total Net Monthly Income	\$ _____

EXPENDITURES:	AMOUNT (\$)
Church and Charity Donations	_____
Savings and Investments	_____
Mortgage/Rent	_____
Auto Loans	_____
Personal Loans	_____
Installment Accounts (credit cards, bank loans, etc.)	_____
Utilities (power, gas, water, phone, cable, internet, etc.)	_____
Auto Expenses (insurance, tax/tag, gas, maintenance)	_____
Food (groceries, dining out, delivery, etc.)	_____
Clothing	_____
School (tuition, fees, supplies, etc.)	_____
Child Support/Alimony	_____
Medical and Dental (out of pocket expenses)	_____
Recreation and Hobbies	_____
Other Expenses	_____
Total Monthly Expenses	\$ _____

Total Monthly Income less Expenses	\$ _____
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As a condition of this scholarship, I affirm that I will leave a video and written review of Agape's services. I agree to pay back the total amount of the services if I fail to complete the full course of classes and family sessions.

Signature

Date

Signature

Date