



Scholarship Application

Name: _____

Telephone: _____ Address: _____

Primary Caregiver: _____

Telephone: _____ Email: _____

With whom does the senior reside? _____

Is the Caregiver a client of the FCSN? YES NO

Would the Caregiver like to be contacted by the FCSN Support Coordinator for future resources and education opportunities? YES NO

Please include the front page of the scholarship recipient's most recent bank statement or tax return with the completed application.

ASSETS

Please list all assets currently owned by the senior and their spouse, if applicable.

Assets include, but are not limited to; property, financial accounts (eg. Savings, retirement, etc.)

Asset: _____ Value: _____

Asset: _____ Value: _____

Asset: _____ Value: _____

Asset: _____ Value: _____

Has the senior ever placed any of their property into a trust? If so, please describe:

CURRENT INCOME

Please state the amount of gross income the senior and their spouse (if applicable) receives each month.

Income: _____ Source: _____

Income: _____ Source: _____

Income: _____ Source: _____

Amount family is willing to contribute to the care of their loved one on a monthly basis:

\$ _____

MONTHLY EXPENSES

Rent/Home Mortgage payments (include mobile home lot) \$ _____

Are real estate taxes included? YES NO

Is property insurance included? YES NO

Utilities Electricity and heating fuel \$ _____

Water/sewer/garbage \$ _____

Telephone \$ _____

Cable \$ _____

Home Maintenance (repairs and upkeep) \$ _____

Food \$ _____

Clothing \$ _____

Laundry and dry cleaning \$ _____

Medical and Dental Expenses \$ _____

Transportation \$ _____

Insurance Homeowners or Renter's \$ _____

Health \$ _____

Life \$ _____

Other (Specify) \$ _____

Other (specify) _____ \$ _____

Total \$ _____

RESPIRE SCHOLARSHIP SOURCE



Other (specify) _____