



# DRIVER EDUCATION FOUNDATION OF AMERICA



## 2009 – 2010 STUDENT APPLICATION FOR SCHOLARSHIP

### Part 1. Student Information (use a separate application for each student)

Name of Student	School Name	Grade	Student ID#	Date of Birth	Food Stamp or TANF (if yes, include case #) Yes <input type="checkbox"/> OR No <input type="checkbox"/> Case #:	Single Family Household Yes <input type="checkbox"/> OR No <input type="checkbox"/>
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### Part 2. Foster Child

Yes  OR No  If this application is for a student who is the legal responsibility of a welfare agency or court, list the amount of the student's personal use monthly income: \$ \_\_\_\_\_  
Write "0" if the student has no personal use income. Skip to Part 5.

### Part 3. Homeless Student

Yes  OR No  Name of temporary guardian: \_\_\_\_\_

If this application is for a student who is homeless, please provide documentation from school social worker or appropriate agency.

### Part 4. Total Household Income – You must indicate how much and how often

1. Name List everyone in household	2. Last month's income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>					3. Check if no income
	Earnings from work before deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Student Income	Other	

### Part 5. Signature and Social Security Number (adult MUST sign)

An adult household member must sign the application and provide Social Security Number or indicate that he/she does not have one. (See Privacy Statement below.) I certify (promise) that all information on this application is true and that all income is reported. Providing false information is a misdemeanor under State Law.

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: - - - - - OR I do not have a social security number  Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Part 6. Student's Racial/Ethnic Identity (optional)

Mark one racial identity: Asian  Black or African American  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  White  Other  \_\_\_\_\_

Mark one of the following ethnic identities: Hispanic or Latino  Not Hispanic or Latino

### Do not write below this line. For DEFA Use ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Yearly Income: _____ Household Size: _____  OR FS/TANF <input type="checkbox"/> Foster <input type="checkbox"/> Homeless <input type="checkbox"/>	<b>Eligibility Determination</b> Accepted <input type="checkbox"/> Denied <input type="checkbox"/>  Reason, if denied: _____ _____ _____	Approval Agent's Signature: _____ Date: _____ Officer's Signature: _____ Date: _____ Officer's Signature: _____ Date: _____
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