

# Kids World Scholarship Need Based Form

How we determine if a family needs funding or is low-income. We look at the family's situation. Does the family have a child with a disability and if so what kind of expenses are involved with the child: medical, therapy. We also look at the family's financial situation.

PLEASE COMPLETE ALL QUESTIONS. IF "0", WRITE "0".

## 2014 Expenses (Indicate approximate monthly and annual amounts):

Monthly Annual

- 1) Rent/Housing \$ \_\_\_\_\_
- 2) Utilities \$ \_\_\_\_\_
- 3) Food \$ \_\_\_\_\_
- 4) Medical/Dental \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 5) Daycare for Children 12 & Under \$ \_\_\_\_\_
- 6) Clothing \$ \_\_\_\_\_
- 7) Car Payment \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 8) Other \$ \_\_\_\_\_

If more room is needed, continue on back.

**TOTAL EXPENSES \$ \_\_\_\_\_**

## 2014 Income Sources (Indicate approximate monthly and annual amounts):

Monthly Annual

- 1) Income Earned from Work \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 2) Housing Assistance \$ \_\_\_\_\_
- 3) Food Stamps \$ \_\_\_\_\_
- 4) Medical Assistance \$ \_\_\_\_\_
- 5) Daycare Assistance \$ \_\_\_\_\_
- 6) Child Support \$ \_\_\_\_\_
- 7) Financial Aid Used for Living Expenses \$ \_\_\_\_\_
- 8) Other \$ \_\_\_\_\_

If more room is needed, continue on back.

**TOTAL INCOME \$ \_\_\_\_\_**

\*If total expenses exceed income, please explain on the back of this form.

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Signature of Responder

Date