

East End High School Alumni Scholarship
Parent/Guardian Questionnaire

Please print or type

1. Name of Applicant _____
2. Name of Parents or Guardian _____
Home Address _____
Home Telephone _____
3. Please check the total income range of your family: () \$0 - \$15,000 ; () \$15,000 - \$20,000;
() \$20,000 - \$30,000; () \$30,000 - \$40,000; () \$40,000 - \$50,000; () \$50,000 - \$60,000;
() \$60,000 - \$100,000; () \$100,000 & Above
4. Does your family have any exceptional expenses? (Other than ordinary living expenses, e.g., unusual medical bills, care for handicapped children, unusual expenses resulting from family separations, etc.) _____

5. How many other children are supported by this family (not including applicant.)? _____
List ages of children and note if they are also in college:

Date

Signature of Parent or Guardian

Signature of Spouse (if applicable)