## DISPLACED HOMEMAKER STUDENT APPLICATION Summer 2017

Date:	Name:			Street:				City:		State:	_ Zip:
School: EAS	T CENTRAL COLLEGE Degr			Gender: Male/Female Phone #:							
Circle the a	appropriate response for eac	ch category list	ted below:								
PTS.	CATEGORIES	5	10	15	20	25	30	35	40	45	50
	Gross Family Income			T .		, t		<b>T</b>			
	(Includes all income	1		'		'			1	·	1
	including wages, social	·		'		'		•	1	·	1
	security, TANFF, child	1		,		'			1	,	1
	support,			·		'	1	•		·	1
	unemployment			·		'	1	•		·	1
	benefits, disability	·		'		'		•	1	·	1
	benefits, VA			·		'	1	•		·	1
	· ·	\$30,001-			\$15,001-		\$12,501-		\$7,501-	1	1
	Education & other)	\$50,000	<u> </u>	<b></b>	\$30,000	'	\$15,000	\$12,500	\$10,000	\$5,001-\$7,500	, \$0-\$5,000
	Number of dependents	Pregnant or 1	1 2	3	4	5	6	7	8	9	10
		_	Bachelor's	+		+		+	<del>                                     </del>	<del>                                     </del>	+
	Education Already		Degree Plus	Bachelor's		'		Associate	HS/GED Plus		
		Degree	Hours	Degree	1	'		Degree	'		Under HS
		1 -0		Out of Work -		+		10	†·	1,	
	'	Currently		Less than one		Out of Work		Out of Work 6-	1	Out of Work	
	Full-Time Work History			year	1	1-5 Years		10 Years	1	Over 10 Years	,
	Length of Training	<u> </u>		<del> </del>		†		+		†	
		1 Year			18 Months	'	1	2 Years			'
	Child Care Cost			1		1					
<u> </u>	(Weekly)	·	\$1 - \$20	'	\$21- \$40	'	\$41 - \$60		\$61 - \$80	· '	\$81 - \$100+
	Mileage (Round trip	, T		<del>                                      </del>		<del>                                      </del>		<del>                                     </del>		,	
		1-10	11-15	16-20	21-25		31-35	36-40	41-45	46-50	50+
	TANFF Recipient					YES		·			
	Food Stamp Recipient					YES					
<del>-</del>	Nontraditional	Γ,	Γ	Γ,	Ī	7 '	Ī	· ]	Γ.	Γ,	
	Program	<u> </u>	<u> </u>	<del></del> '	<u> </u>	YES			<del></del>	<u> </u>	1
	% Tuition Paid (Staff)	91-100%	81-90%	71-80%	61-70%	51-60%	41-50%	31-40%	21-30%	11-20%	0-10%
	'	,		,		'	1			·	1
	'	<u></u> '				'			<u></u>		
Annlicant's	Signature:								Date.		
Аррисанс .	Jignature								Date		
1	OFFICE USE	CALLY. Einanci	Aid Cources	D-II Crant \$	,	Yes Bobah \$		Scholarship \$		Others \$	
1	OFFICE USE C	JNLY: Filldricia	I AID Sources.	eli Gidiil ə	Total Cost f	OC. Kellau. y		Scholarship \$ _ Amount Awarded		Others >	
1		Financial Aid Si		Summer	_ TOTAL COST TO						
		Fillancial Alu 5.	Jigildiule.			Date		Letter to Stade,	ill Sein		_

Return the completed application to: East Central College - Student Services

Attention: Karen Griffin, 1964 Prairie Dell Road, Union, MO 63084

APPLICATION DEADLINE: APRIL 28TH