



**HMT STACIE BARNES SCHOLARSHIP APPLICATION**

**STUDENT INFORMATION**

New Student  Previously Registered

Name \_\_\_\_\_ Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**FINANCIAL ELIGIBILITY - CONFIDENTIAL**

If referred by school or other organization (please include org name, contact and phone #) \_\_\_\_\_

Is your child eligible for free/reduced lunch  YES  NO

Are you or your child eligible for Social Services (please circle all applicable)

Food Stamps                      Medicaid Monthly Income Supplement                      Other (please specify) \_\_\_\_\_

Approximate total annual household income in 2019 \$ \_\_\_\_\_ # people in your household \_\_\_\_\_

Extenuating circumstances (recent job loss etc. Please be specific.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our family is able to pay \$ \_\_\_\_\_

**CLASS INFORMATION**

Class you will be using scholarship for \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Date Notified \_\_\_\_\_

HMT Pays \$ \_\_\_\_\_ Applicant Pays \$ \_\_\_\_\_ Session Approved \_\_\_\_\_

Applicant  Accepts  Declines Authorized

Signature \_\_\_\_\_