

Illinois Organization of Mothers of Twins Club, Inc.

\$300 Scholarship Application

(any application not selected will automatically be placed in the random drawing for \$100)

Application Deadline: August 31

ALL APPLICATIONS WILL BE HELD STRICTLY CONFIDENTIAL

Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Dependents: Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of accredited institution where coursework was/will be completed:

Educational Background:	(Grade Completed)		Graduated: (Year)
High School	_____	<u>YES/NO</u>	_____
College	_____	<u>YES/NO</u>	_____
Other	_____	<u>YES/NO</u>	_____

Educational Goal: _____

Reason for taking class/classes:

Income Information: Total household income -- \$ _____
(as reported on Federal Income Tax Form 1040 - line 32 OR 1040A - line 17)
Other Income -- \$ _____
(Alimony, child support, etc.)

Involvement in IOMOTC, Local MOTC or Other Community Groups:

Comments or other circumstances to be considered:

Please enclose a copy of the following:

1. Children's birth certificates
2. Federal Income Tax Return
3. Copy of registration and receipts from course enrollment
4. Proof of completion of coursework and final grade (if applicable)
5. Any other supporting documentation relating to any special circumstances.
(coursework should be completed during January - December)

***APPLICATION MUST BE COMPLETED/POSTMARKED BY AUGUST 31.* Please submit application to the Scholarship Chairman. (Address information available in SAGA.)**

I verify that the information above is correct _____
(Signature)