



## Application for MLC Scholarships

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ DOB \_\_\_\_\_

Email: \_\_\_\_\_

**Only Complete  
below if applicant  
is a minor:**

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status;    \_\_\_Single    \_\_\_Married    \_\_\_Divorced    \_\_\_Other

The above child lives with me \_\_\_\_\_% of the time.

\_\_\_\_\_I declared this child as a dependent on my last tax return.

\_\_\_\_\_I did not file a tax return last year.

Father's Name \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status;    \_\_\_Single    \_\_\_Married    \_\_\_Divorced    \_\_\_Other

The above child lives with me \_\_\_\_\_% of the time.

\_\_\_\_\_I declared this child as a dependent on my last tax return.

\_\_\_\_\_I did not file a tax return last year.

## Income

### GROSS FAMILY INCOME

Family Member	Employer	Annual Income as reported on IRS form 1040
		\$
		\$
List Child Support		\$

## Other Dependents and Members in Household

Name	Relationship	Name	Relationship

Only time-limited services qualify for financial assistance

We are applying for financial aid for the following service(s): (Check all that apply)

Summer Camp

Diagnostics

Enrichment Class (for current Miriam students only)

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Guardian/Parent or Applicant Signature if 18 years or older

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Application Date

Please also submit one of the items listed below. Please return to: Miriam Learning Center, 501 Bacon Avenue, St. Louis MO 63119 or email to [gporter@miriamstl.org](mailto:gporter@miriamstl.org) or fax to 314-968-7338 Attn: Gail Porter

1. Copy of IRS 1040-Tax Return form
2. Copy of paycheck stub
3. Copy of Social Security or other award letter

Once your application has been processed, a MLC representative will contact you to discuss if you qualify for assistance.