

Preliminary Application for Placement

PERSONAL INFORMATION

Student's Information:

Last Name: _____ First Name: _____ Middle: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Country: _____ Home Phone: _____ Mobile Phone _____
Date of Birth: _____ Place of Birth: _____ Current Grade Level: _____
Gender: Male Female Eye Color: _____ Hair Color: _____ Height: _____
Weight: _____ Adopted?: Yes No Age Adopted: _____ Citizenship: _____
Identifying Marks/Characteristics: _____

PARENT/GUARDIAN INFORMATION

Father's Information: Legal Custody? Yes No

Last Name: _____ First Name: _____ Middle: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Country: _____ Home Phone: _____ Mobile Phone _____
Work Phone _____ Fax: _____ Email Address: _____
Business Address: _____ City: _____ State: _____
If Father Deceased: When: _____ Where: _____

Mother's Information: Legal Custody? Yes No

Last Name: _____ First Name: _____ Middle: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Country: _____ Home Phone: _____ Mobile Phone _____
Work Phone _____ Fax: _____ Email Address: _____
Business Address: _____ City: _____ State: _____
If Mother Deceased: When: _____ Where: _____

Step Father Information:

Last Name: _____ First Name: _____ Middle: _____
Phone _____ Email Address: _____

Step Mother Information:

Last Name: _____ First Name: _____ Middle: _____
Phone _____ Email Address: _____

REFERRAL INFORMATION

How did you hear about TAPS? _____
Person or referring agency: _____

Submit completed form to placement@taps14.org or fax to (760) 439-7771.

Application For Scholarship

Disclaimer

We want to help. If you have a hardship, we would like to help you in this time of need. We would request that you commit to pay what you are able. This program depends on the income just like any other business. If you do not need assistance, we ask you to consider paying the standard tuition. Please note that the scholarships are not available for those with only financial limitations. Also, when returning this application make sure you return all the requested information: 2 pay stubs, 2 years of tax returns, a detailed statement of your hardship along with this application. If we do not receive all of the requested information, this application will be declined. NOTE: There is no appeal process if your application is declined. Thank you for your consideration. Note: All information provided on this form is protected and will not be released to anyone without your written permission.

General Information

Date: _____ Parent Name: _____ Student Name: _____

Reason for application: _____

References

Name: _____ Phone: _____ Address: _____

City: _____ State: _____ Relationship: _____ How long known: _____ Yrs.

Name: _____ Phone: _____ Address: _____

City: _____ State: _____ Relationship: _____ How long known: _____ Yrs.

Name: _____ Phone: _____ Address: _____

City: _____ State: _____ Relationship: _____ How long known: _____ Yrs

Assets

Do you own property? _____ Value: _____ Do you own a home? _____ Value: _____

Balance of total net cash in all/any combined accounts: _____

Do you receive child support? _____ Amount: _____ Do you receive alimony? _____ Amount: _____

Do you receive SSI or a pension? _____ Amount: _____ Other Income- Type: _____ Amt: _____

Employment Information

Employer: _____ Address: _____ Phone: _____

Position: _____ City: _____ State: _____

Salary: _____ Supervisor: _____ Phone: _____

Time on the job: _____ years _____ months

Spouse

Employer: _____ Address: _____ Phone: _____

Position: _____ City: _____ State: _____

Salary: _____ Supervisor: _____ Phone: _____

Time on the job: _____ years _____ months May we contact employer to verify employment only? Yes No

Credit Information

Have you ever filed Chapter 7 bankruptcy? Yes No Have you ever filed Chapter 11 or 13? Yes No

What is your total credit card balance? _____ What is your rent? _____

What is your mortgage? _____ Equality value of home: _____ What is total vehicle(s) payments? _____

Combined total monthly income? _____ Total monthly expenses? _____ Est. net worth _____

Give a brief description of your reasons for requesting a hardship scholarship:

I give my permission for TAPS, Inc. to obtain a copy of my personal credit report which will be used their use only.

Print Name: _____ DOB: _____ SSN#: _____ CDL# _____

Date: _____ Signature: _____

Please submit a detailed statement on a separate sheet explaining the hardship you have experienced. **Please do not give details on your financial status**, but give details on why you are having a financial hardship. Thank you. Please allow 7-14 days for review. **Submit completed form to placement@taps14.org or fax to (760) 439-7771.**

For Office Use

Copy of 2 pay stubs YES NO

Approved : YES NO CONDITIONAL

Copy of 2 years tax return YES NO

Declined: YES NO PENDING

Reason declined: _____

Credit score: _____ Tuition ratio: _____ Scholarship level: _____

Conditions:

