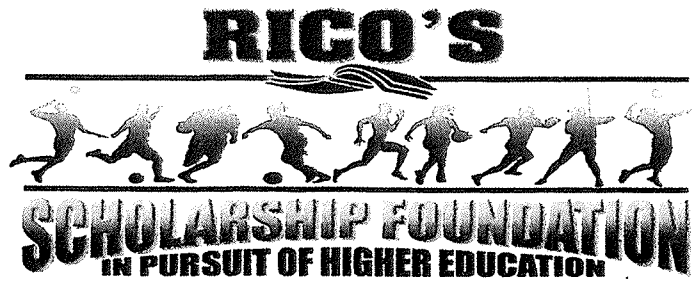


RICO'S



SCHOLARSHIP FOUNDATION
IN PURSUIT OF HIGHER EDUCATION



	Student Applicant	Father	Mother
Last Name			
First Name			
Social Security #			
Home Phone			
Address Street, city, State & Zip code			
Employer			
Employer's phone			
Hire date			
Salary/ Hourly Wage			
# hours worked/ per week			
Gross Annual wages			
Adjusted Gross income (From federal income tax form)			

Total Number of Dependents _____

	FULL NAME	DATE OF BIRTH
1		
2		
3		
4		

MARITAL STATUS

SINGLE MARRIED WIDOWED SEPERATED DIVORCED

OTHER MONTHLY INCOME

RENTAL INCOME	
PENSION/TOWNSHIP ASSISTANCE	
ALIMONY/FOSTER CARE/ CHILD SUPPORT	
INVESTMENT INCOME AND OTHER INCOME	
TOTAL OTHER INCOME	

ASSETS

CHECKING/ACCOUNTS	
ACCOUNT BALANCE & DATE	
SAVINGS/MONEY MARKET/ CD ACCOUNTS	
ACCOUNT BALANCE & DATE	
STOCKS/BONDS/MUTUAL FUNDS:	
CURRENT MARKET VALUE & DATE	

I CERTIFY EVERYTHING STATED IN THIS APPLICATION IS TRUE.

Signature _____

Date _____

STAFF USE ONLY

<input type="checkbox"/> FULL FUNDED
<input type="checkbox"/> PARTIAL FUNDED
<input type="checkbox"/> NON FUNDED