

CSBG SCHOLARSHIP APPLICATION HOUSEHOLD INCOME



	Applicant Name	Family Member	Family Member	Family Member	Family Member	Family Member
	Age	Age	Age	Age	Age	Age
	SS#	SS#	SS#	SS#	SS#	SS#
TYPE OF INCOME	Relationship to Applicant					
Gross Wages Earned	\$	\$	\$	\$	\$	\$
Net Self Employment	\$	\$	\$	\$	\$	\$
Grants, Fellowships & Assistantships	\$	\$	\$	\$	\$	\$
Pensions	\$	\$	\$	\$	\$	\$
Gov't Policy Annuities	\$	\$	\$	\$	\$	\$
SS Disability Insurance	\$	\$	\$	\$	\$	\$
SS Survivor's Insurance	\$	\$	\$	\$	\$	\$
SS Retirement	\$	\$	\$	\$	\$	\$
Military Pay	\$	\$	\$	\$	\$	\$
Veterans Benefits	\$	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$	\$
Unemployment Insurance	\$	\$	\$	\$	\$	\$
K-TAP	\$	\$	\$	\$	\$	\$
Supplemental Security Insurance (SSI)	\$	\$	\$	\$	\$	\$
Other: (Please Specify)	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$
TOTAL GROSS INCOME FOR PREVIOUS MONTH	\$	\$	\$	\$	\$	\$



COMMUNITY ACTION
OF SOUTHERN KENTUCKY

921 Beauty Avenue
PO Box 90014 Bowling Green, Kentucky 42102
Ph: 270-782-3162 Fax: 270-842-5735