



THE UNRECABLES
P.O. Box 24856
Los Angeles, CA 90024-0856

SCHOLARSHIP APPLICATION

Name _____ Date _____

Address _____ City _____ Zip _____

Home Ph. _____ Work Ph. _____

Desired Trip Date _____

Would you volunteer to serve on a committee? (Yes/No) _____

What fundraising have you done for The Unrecables over the past year? _____

Yearly Income Data

	Self	Spouse	Child	Total
Social Security (SSI, SDI)	_____	_____	_____	_____
Military Retirement/Comp.	_____	_____	_____	_____
Unemployment Compensation	_____	_____	_____	_____
Other Retirement	_____	_____	_____	_____
Total Income from Wages	_____	_____	_____	_____

The following will be deducted when determining eligibility:

Monthly Medicare payments _____

Out of pocket doctor/hospital costs _____

Other Medical Costs _____

Total Out of Pocket Medical Exp. _____

Health Insurance or Supplement Insurance Company: _____

Signature _____ Date _____