

Asset Information: Please complete the following according to what your finances will be during the current academic year. Be sure to keep a copy for your records!

Please list all current assets:

Total in savings accounts: _____
 Total in checking accounts: _____
 Total value of IRAs, TDAs, Pension funds: _____
 Other (specify): _____

Total of all current assets: \$ _____

List all fixed assets:

House _____
 Land _____
 Car* _____
 Furniture _____
 Other* (specify) _____

Total of all fixed assets: \$ _____

*List make and year of all automobiles, motorcycles, motor boats, etc.: _____

Debt Information:

Please list all debts:

	Balance Due	Monthly Payments	Amount Past Due (if any)
a. Automobile loan	_____	_____	_____
b. Charge cards (e.g. Visa, MC, etc.)	_____	_____	_____
c. Student Loan(s)	_____	_____	_____
•Is your student loan debt deferred? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. Other (specify) _____	_____	_____	_____
e. Total of "a" through "d"	\$ _____	\$ _____	\$ _____
f. Mortgage	_____	_____	_____
g. Health Insurance	_____	_____	_____
(Carrier _____)			

Budget Information:

List net amount of **monthly** income from **ALL** sources during the school year.

Source	Amount (Net after taxes)
Salaries—self	_____
—spouse	_____
Church	_____
Family	_____
Friends	_____
Other (specify) _____	_____
Total monthly income	\$ =====

Itemize all **monthly** expenses for the school year.

Expense	Amount	Amount Past Due (if any)
Rent/Mortgage	_____	_____
Food	_____	_____
Utilities	_____	_____
Telephone	_____	_____
Clothing (all family members)	_____	_____
Child care or school	_____	_____
Transportation and/or gasoline	_____	_____
Car maintenance (repairs, license, etc.)	_____	_____
Total monthly payments (listed from page 2, line e)	_____	_____
Insurance (total of all types—life, health house, car, etc.)	_____	_____
Church or missionary support	_____	_____
If self-employed, Social Security tax	_____	_____
Other (specify) _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total monthly expenses	\$ =====	\$ =====

Scholarship Information:

The amount awarded is subject to reduction if the applicant receives funds (i.e., scholarships, gifts, etc.) from sources not previously mentioned on this form. It is your responsibility to inform Barber & Beauty Scholarship Fund of any changes.

Have you received a need based scholarship from Barber & Beauty Scholarship Fund in the past? _____

If so, how much? _____ When? _____

Have you received or are you scheduled to receive tuition aid from other sources (including Stafford)? _____

If so, when? _____ How much? _____

From whom? _____

Are you a veteran? _____ If so, will you receive benefits while attending TBC? _____

Under which chapter of the G.I. Bill? _____

Please state your career objectives and goals after graduation:

Please indicate the year for which you are applying.

Academic Year July 1st 20__ to June 30th 20__

Please indicate **exactly** how much you need in financial aid and the circumstances regarding this request.

\$ _____
Amount of Tuition Aid or
Emergency Aid Needed

I affirm that the facts set forth in my scholarship application are true and complete.

I understand that misrepresentation or omission of facts shall be considered sufficient cause for revocation of a scholarship.

I recognize that scholarships will be credited to my TBC account and I, personally will not receive a check.

Signature of Applicant _____

PLEASE DO NOT TURN IN YOUR APPLICATION UNTIL YOU HAVE COMPLETED IT AND HAVE YOUR LETTER OF RECOMMENDATION FROM A PASTOR, INSTRUCTOR, EMPLOYER, OR SOMEONE ELSE THAT CAN VOUCH FOR YOUR CHARACTER.

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For Office Use Only: Accepted or Denied _____ Date _____ Amount Granted \$ _____