

Mountain Roots Food Project
Scholarship Application
Financial Statement of Need

If you are applying for a need-based award, please provide the following information as accurately as possible.
All information is confidential.

1. Monthly Income (Convert annual, bi-monthly, and weekly amounts to monthly amounts.)

Gross Monthly Income from salary and wages, including commissions, bonuses, overtime, self-employment, business income, other jobs, and monthly reimbursed expenses.	\$	Social Security Benefits (SSA) qSSDI (Disability insurance – entitlement program) qSSI (supplemental income – need based)	\$
Unemployment & Veterans' Benefits		Disability, Workers' Compensation	
Pension & Retirement Benefits		Interest & Dividends	
Public Assistance (TANF)		Other -	
Total Monthly Income			\$
Miscellaneous Income			
Royalties, Trusts, and Other Investments	\$	Contributions from Others	\$
Dependent Children's monthly gross income. Source of Income:		All other sources, i.e. personal injury settlement, non-reported income, etc.	
Rental Net Income		Expense Accounts	
Child Support from Others		Other -	
Spousal Support from Others		Other -	
Total Monthly Miscellaneous Income			\$
Total Income			\$

2. Monthly Expenses

A. Housing

	Cost Per Month		Cost Per Month
1 st Mortgage	\$	2 nd Mortgage	\$
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)		Condo/Homeowner's/Maintenance Fees	
Rent		Other -	
Total Housing			\$

B. Utilities and Miscellaneous Housing Services

	Cost Per Month		Cost Per Month
Gas & Electricity	\$	Water, Sewer, Trash Removal	\$
Telephone (local, long distance, cellular & pager)		Property Care (Lawn, snow removal, cleaning, security system, etc.)	
Internet Provider, Cable & Satellite TV		Other -	
Total Utilities and Miscellaneous Housing Services			\$

C. Food & Supplies

	Cost Per Month		Cost Per Month
Groceries & Supplies	\$	Dining Out	\$
Total Food & Supplies			\$

D. Health Care Costs (Co-pays, Premiums, etc.)

	Cost Per Month		Cost Per Month
Doctor & Vision Care	\$	Dentist and Orthodontist	\$
Medicine & RX Drugs		Therapist	
Premiums (if not paid by employer)		Other -	
Total Health Care			\$

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E. Children's Expenses and Activities *IF APPLICABLE*

	Cost Per Month		Cost Per Month
Clothing & Shoes	\$	Child Care	\$
Extraordinary Expenses i.e. Special Needs, etc.		Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	
Tuition		Other -	
Total Children's Expenses and Activities			\$
Total Monthly Expenses (Totals from A – E)			\$

Do you have other expenses that should be considered in determining your financial need?

Do any other individuals or family members contribute to regular expenses? If yes, explain.

**FINANCIAL STATEMENT SUMMARY
(INCOME/EXPENSES)**

Total Income	\$ _____	A
Total Monthly Deductions	\$ _____	B
Total Monthly Net Income (A minus B)	\$ _____	
Total Monthly Expenses	\$ _____	

Net Excess or Shortfall (Monthly Net Income less Monthly Expenses)	(+/-)	\$ _____
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The information I have provided above is accurate and current.

Signature

Date: _____

STATEMENT OF CONFIDENTIALITY

In order for Mountain Roots Food Project (MRFP) to provide need-based "Venture Grants", it is necessary for the applicant (or applicant's family) to provide MRFP with the confidential information requested above. MRFP will use such information only for the benefit of, and in the best interests of, the applicant and MRFP and for no other purpose. The information will be used by the MRFP scholarship committee for the sole purpose of determining financial need related to the requested scholarship. All applications will be reviewed by the MRFP scholarship committee.