



## Tree House Scholarship Application

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

**Sex (circle one):** Male Female    **Age:** \_\_\_\_\_ years    **Marital Status (circle one):** Married Divorced Single

**Race (circle one):** White Black Asian Hispanic Native American Pacific Islander Other: \_\_\_\_\_

**Highest education level completed (check one):**    \_\_\_ Some high school    \_\_\_ High School Diploma or GED  
    \_\_\_ 2 year College Degree    \_\_\_ 4 year College Degree    \_\_\_ Advanced Degree

**# of adults in household:** \_\_\_\_\_    **# of children in household:** \_\_\_\_\_

**Family Income (check one):**    \_\_\_ \$0 - \$11,999    \_\_\_ \$12,000 - \$14,999    \_\_\_ \$15,000 - \$24,999  
    \_\_\_ \$25,000 - \$49,999    \_\_\_ \$50,000 - \$74,999    \_\_\_ \$75,000 +

Proof of Income: Pay Stub \_\_\_\_\_ W2 \_\_\_\_\_

Child(ren)'s First & Last Name	Date of Birth	Race	Developmental delays/ Medical issues

Are you a student at Finlandia or MTU University: \_\_\_\_\_

Is your child currently enrolled in a BHK Program: \_\_\_\_\_

Are you or your child receiving services from any of the following:

- WIC \_\_\_\_\_
- Medicaid/Medicare \_\_\_\_\_
- Food Stamps \_\_\_\_\_
- TANF (DHS cash assistance) \_\_\_\_\_
- Western UP Health Dept \_\_\_\_\_
- Department of Human Services \_\_\_\_\_
- Supplemental Security Income \_\_\_\_\_
- Public housing assistance \_\_\_\_\_
- Portage Health or Aspirus Keweenaw Hospital OT \_\_\_\_\_ PT \_\_\_\_\_
- Copper Country Intermediate School District \_\_\_\_\_
- Copper Country Mental Health \_\_\_\_\_
- Other \_\_\_\_\_

Referred by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Dates of Membership: \_\_\_\_\_