

# FOUNDERS/TRUSTEES GRANT APPLICATION

1. DATE \_\_\_\_\_

2. APPLICANT NAME \_\_\_\_\_  
(student making application)

3. MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

4. EMAIL \_\_\_\_\_

5. DOB/AGE \_\_\_\_\_ GENDER \_\_\_\_\_

6. SEMESTER APPLYING FOR (CIRCLE):  
SEM1 2021          SEM2 2021          SEM1 2022          SEM2 2022

7. TOTAL HOUSEHOLD INCOME:  
(total combined income of applicant and parents)

LESS THAN \$40,000          \$41,000-\$55,000          \$56,000-\$75,000          \$76,000-\$100,000  
\$101,000-\$150,000          MORE THAN \$150,000

8. NUMBER OF DEPENDENTS IN PRIMARY HOSEHOLD \_\_\_\_\_  
(total number of members of the household in which you live)

9. WHY DO YOU MERIT THIS GRANT?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBMIT THIS APPLICATION VIA POSTAL SERVICE OR EMAIL TO: [sb@monticellocollege.org](mailto:sb@monticellocollege.org)