

REPAYMENT SERVICES SCHOLARSHIP LOAN PROGRAM

FINANCIAL STATEMENT

(Please Type or Print)

Name _____ Social Security Number _____
 Address _____ Home Telephone Number () _____
 City, State, Zip Code _____

Employer _____ Work Phone Number () _____
 Amount of () Weekly () Bi-Weekly
 Take Home Pay \$ _____ () Monthly

Spouse's Name _____ Spouse's Employer _____
 Amount of Spouse's () Weekly () Bi-Weekly
 Take Home Pay \$ _____ () Monthly

Number of Dependents (other than self and spouse) _____
 All Other Income (including alimony, child support) \$ _____

Assets: Savings \$ _____ Checking \$ _____
 Stocks \$ _____ Bonds \$ _____ Real Estate \$ _____
 Auto(s) Year _____ Make _____ Year _____ Make _____

Living Expenses:	Monthly Amount		Monthly Amount
Rent	_____	Other (including charge cards, please list)	_____
Utilities (electricity, heat, telephone)	_____		_____
Food and Clothing	_____		_____
Transportation (repair and gas, Excluding car payments)	_____		_____
Child Care	_____	Educational Loans:	_____
Alimony/Child Support	_____		_____
Miscellaneous (identify)	_____		_____

Loans and Time Payments:	Name of Creditor	Amount of Loan	Monthly Payment	Remaining Balance
House	_____	_____	_____	_____
Auto	_____	_____	_____	_____
Auto	_____	_____	_____	_____

If Unemployed, Please Complete This Section:
 Previous Employer _____ Last Date Employed _____
 Date you Plan to Return to Work _____ Location and Date filed with ESC _____
 Financial Assistance You are Currently Receiving \$ _____

Monthly Payment you can send NCSEAA \$ _____

******Documentation of income and expenses for a one-month period must accompany this request. ******

With my signature, I attest to the accuracy of the above information, to the best of my knowledge

 Signature _____
 Date