Lexington – County Kildare Student Exchange

Edward T. Houlihan Scholarship Application

Please complete entire form if applying for financial aid. Be as specific as possible.
(All information is confidential.)

Student Name_____Age_____

Parent/Guardian(s) Filling Out Scholarship Application:

Parent/Guardian(s) _____

Address _____

City _____State _____Zip _____

Home Phone _____ Student Cell Phone _____

Parent 1 Cell _____ Parent 2 Cell _____

Parent 1 Email _____ Parent 2 Email _____

Our family income is:

- ☐ under $30,000 annually
- ☐ $30, 000 to $50, 000
- ☐ $50, 000 to $75, 000
- ☐ $75, 000 or more

How many people are financially supported in the household? _____

Are there any particular circumstances, which we should know of in considering your application for financial assistance? If yes, please elaborate.

_____

_____

_____

_____

I certify that to the best of my knowledge the information provided on this Financial Need Form is true. I am prepared to document this information if requested.

Parent/Guardian_____Date_____

Parent/Guardian_____Date_____