



## Eda and Cliff Viner Community Scholars Foundation

### Parent/Guardian Application

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Dear Parent/Guardian,

Your child is applying for a scholarship through the Eda & Cliff Viner Community Scholars Foundation, Inc. We are a scholarship program that provides south Palm Beach County High School students with four year scholarships to colleges and universities in the State of Florida public educational system.

Our program accepts applications from graduating students achieving at least a 3.0 unweighted GPA with significant financial needs. This scholarship is a “last dollar” scholarship – the student must access all other potential sources of financial aid first, before this scholarship is validated. It will not replace other sources of financial aid. The scholarship will cover tuition and room and board that is not already covered by financial aid.

Please complete ALL sections of this application. Use N/A if the question does not apply.

**Please submit completed application and additional required documentation to:**

Eda and Cliff Viner Community Scholars Foundation, Inc.  
777 Yamato Road, Suite 300  
Boca Raton, FL 33431  
(561) 544-4436  
info@vinerscholars.org



# Eda and Cliff Viner Community Scholars Foundation

## Parent/Guardian Application

Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 City: \_\_\_\_\_ Employer \_\_\_\_\_  
 Email: \_\_\_\_\_ Address: \_\_\_\_\_

Marital status:  Married  Divorced  Single  Widowed  Separated

**Household Members:**

Name	Relationship	Age:	Employed?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Monthly Expenses:**

Rent/Mortgage: \$ _____	Mortgage balance: \$ _____
Electric/ Water / Gas: \$ _____	
Phone (cell, cable & internet) \$ _____	
Car payment: \$ _____	Car Loan balance: \$ _____
Car insurance: \$ _____	Type/year of vehicle: _____
Health/Life insurance: \$ _____	
Other insurance: \$ _____	Credit card balance per card:
Food: \$ _____	Card: _____ \$ _____
Medication: \$ _____	Card: _____ \$ _____
Credit cards: \$ _____	Card: _____ \$ _____
Gas (auto): \$ _____	Card: _____ \$ _____
Other: \$ _____	Card: _____ \$ _____
<b>Total Monthly Expenses: \$ _____</b>	



## Eda and Cliff Viner Community Scholars Foundation Parent/Guardian Application

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**Monthly Family Income:**

SS / SSI / SSDI: \$ \_\_\_\_\_

Employment Wages: \_\_\_\_\_

Pension: \_\_\_\_\_

Unemployment: \_\_\_\_\_

Food Stamps: \_\_\_\_\_

Workers Comp: \_\_\_\_\_

Short or Long Term Disability: \_\_\_\_\_

Child Support: \_\_\_\_\_

Alimony: \_\_\_\_\_

Investments: \_\_\_\_\_

Other income: \_\_\_\_\_

**Total Monthly Income:** \$ \_\_\_\_\_

**I hereby certify that all information I have provided is accurate and my statements of need are truthful. By signing below, I authorize the Eda & Cliff Viner Community Scholarship Foundation, Inc. to share personal information collected about me or my family in its possession, including but not limited to name, address, and other personal and identifiable information, and the type of assistance requested or received from this organization, with vendors and other community agencies and resources in order to confirm the need for or provision of the requested assistance and/or coordinate available services and assistance. Please note that if at any time, a change in circumstances occurs; this must be addressed to the Eda and Cliff Viner Community Scholars Foundation, Inc.**

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

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