

APPLICATION
METEER EDUCATIONAL FUND

NAME _____ SSN# _____
BIRTHDATE _____ PHONE _____
ADDRESS _____

FINANCIAL NEED - IN THE SPACE PROVIDED PLEASE INDICATE YOUR FAMILY'S
ADJUSTED GROSS INCOME FROM LAST YEAR'S TAX RETURN

----- UNDER \$15,000

----- \$30,000 to \$40,000

-----15,000 to \$20,000

----- \$40,000 to \$50,000

-----\$20,000 to \$30,000

----- Over \$50,000

TOTAL NUMBER OF FAMILY MEMBERS LIVING AT HOME: _____
CHILDREN _____ AGE _____

ARE YOU EMPLOYED ? YES ----- NO -----

If yes, state employer

COLLEGE OR SCHOOL ATTENDING _____

AMOUNT RECEIVED _____