The Young Entrepreneurs Academy, Inc. (YEA!) Scholarship Application

What YEA! Location Are Y	ou Apply	ying To?	
First Name:	_ M.I	Last Name:	DOB:
Street Address:			
City:		State:	Zip:
Phone Number:		Email Address:	
Parent/ Guardian Name:		Ema	il:
Current School:		(Current Grade:
School District:		H.S. G	raduation Year:
School Counselor Name:		Gra	ide Point Average:
Family Size How many people are living ir	your ho		
Marital Status:		_	
Student Income Adjusted Gross Income	\$_		
U.S. Income Tax Paid	\$_		
Untaxed Income	\$_		
Student Assets Cash, Savings, Checking	\$_		
Parent Income Adjusted Gross Income	\$_		
U.S. Income Tax Paid	\$_		
Untaxed Income	\$_		
X			
Student Signature			Date
X Parent Signature			 Date

Short Answer QuestionsPlease respond to the following short answer questions:

l. Please share with us why you will make an ideal candidate for a scholarship award:			
If there is any further relevant information you would like to share regarding your scholarship application, please include it in the space below:			