

Dear Scholarship Applicant,

Western Dairyland’s Business Center is funded by numerous grants which support the majority of our programs. Thus, we aim to serve those who, because of financial difficulty, wouldn’t otherwise be able to afford similar services. In order to consider your scholarship request, we require the completion of this form. This information will be kept completely confidential and will only be used for documentation.

Please circle below the number of people in your family and your income level. For each level, the number is the *highest* income allowed for that level. For example, if there are 2 people in your family and you make \$16,000, you would circle 2 in household size, then under that column, you would circle \$16,500.00 in row L3. If your income was \$16,600 with 2 people in your household, you would circle \$19,800 in Level 4. If your income level is higher than the highest income level in your category, then unfortunately you do not qualify for a scholarship.

Please send your completed form and any payments to Western Dairyland Business Center, Western Dairyland, 418 Wisconsin Street, Eau Claire, WI 54703.

Please circle your approximate total household income and the total number of persons living in your household.

Number of children under 18 in your household: _____

My gross (before taxes) household (not individual) income last year was:

Household Size	1	2	3	4	5	6	7	8	Each Person Extra (+)
L1	\$9,800.00	\$13,200.00	\$16,600.00	\$20,000.00	\$23,400.00	\$26,800.00	\$30,200.00	\$33,600.00	\$3,400.00
L2	\$11,270.00	\$15,180.00	\$19,090.00	\$23,000.00	\$26,910.00	\$30,820.00	\$34,730.00	\$38,640.00	\$3,400.00
L3	\$12,250.00	\$16,500.00	\$20,750.00	\$25,000.00	\$29,250.00	\$33,500.00	\$37,750.00	\$42,000.00	\$3,400.00
L4	\$14,700.00	\$19,800.00	\$24,900.00	\$30,000.00	\$35,100.00	\$40,200.00	\$45,300.00	\$50,400.00	\$3,400.00

I certify that all my statements contained on this form are correct to the best of my knowledge and that I will cooperate in providing follow up information needed to evaluate the effectiveness of the program if asked by an authorized representative of Western Dairyland's Business Center and/or SBA Women's Business Center.

Client Signature: _____ Today's Date: _____

Client Name (please print): _____
 First Name Initial Last Name