



## John Bennett Saviano Educational Grant

Semester & Year Applying for: \_\_\_\_\_

### Personal Information

Name – (Last, First, Middle Initial) \_\_\_\_\_

Other name(s) under which you may have records \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_

Home Town Population: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Birth date (mm/dd/yyyy): \_\_\_\_\_ Birth Place – City: \_\_\_\_\_  
State: \_\_\_ Zip Code: \_\_\_\_\_

Did You Serve in the Military? \_\_\_\_\_ Type of Discharge? \_\_\_\_\_

\* Race or Ethnic Origin:

African American \_\_\_ Asian: \_\_\_ Hispanic: \_\_\_ Native: \_\_\_ Caucasian: \_\_\_ Other: \_\_\_

Are You a U.S. Citizen? Yes No

\* Gender: Male Female

\* Optional (This information is for statistical purposes only.)



## John Bennett Saviano Educational Grant

### Family Information:

Marital Status: Married Divorced Single (If married, please provide the following.)

Spouces' Name: \_\_\_\_\_

Address - City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Children (List names and ages): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Other Dependants (list names and circumstances) \_\_\_\_\_

\_\_\_\_\_

### Complete the following if you are a dependant:

	Father	Mother	Other
Name			
Address			
City, State, Zip			
Phone			
Occupation			



## John Bennett Saviano Educational Grant

### Personal Financial Declarations (Applicant)

#### Monthly Income (Gross)

#### Monthly Expenses

Salary/Base Income	_____	Rent/Mortgage	_____
Bonuses/Commission	_____	Loan Payments	_____
Dividends/Interest	_____	Insurance	_____
Other (workman's comp, SS, etc)	_____	Utilities	_____
		Other	_____
Total	_____	Total	_____

Please mail completed application to:

Knapp Burn Foundation  
1313 Inglewood Circle  
Bloomington, IL 61704