

# Scholarship Application Form

In an effort to provide financial assistance to those most in need, please provide the following information and consider the options below carefully:

## Applicant Information

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School and Grade: \_\_\_\_\_

Below is a list of the financial assistance options we have available. Please mark your request.

\_\_\_ Payment plan over \_\_\_ 3 months \_\_\_ 4 months

\_\_\_ Partial Scholarship request \$50

\_\_\_ Full Scholarship \$145

(We have reserved this option for families under unusual or extreme financial duress)

For Scholarship requests, please fill out the additional information below for needs based testing.

Number of members in family unit \_\_\_\_\_

Total gross Household income \_\_\_\_\_

May we contact you to verify income if necessary? yes/no