

**CONCORDIA CHRISTIAN DAY SCHOOL
SCHOLARSHIP APPLICATION**

SCHOOL YEAR: 200 _____ - 200 _____

THIS APPLICATION IS A: _____ **FIRST REQUEST** _____ **RENEWAL REQUEST**

Name of Student(s): _____
First Middle Last Grade

First Middle Last Grade

First Middle Last Grade

Home Address: _____
Street Address P. O. Box

City County State Zip Code

PERIOD FOR WHICH YOU WISH TO RECEIVE ASSISTANCE WITH TUITION FEES:

First Semester _____ Second Semester _____ Both _____

Full Name(s) of Parent(s) or Guardian(s):

Father: _____
First Middle Last

Mother: _____
First Middle Last

Marital Status of Parents: Single Divorced Married Widow/Widower

Sisters/Brothers: _____
First Middle Last Age

FATHER'S OCCUPATION: _____
Gross Salary or Income (for past 12 months): _____

MOTHER'S OCCUPATION: _____
Gross Salary or Income (for past 12 months): _____

OTHER INCOME (such as child support, etc.): _____

CAN YOU MEET ALL EXPENSES FOR THE YEAR OTHER THAN THE TUITION FEES? **YES** **NO** **IF NO, EXPLAIN** _____

HAVE YOU APPLIED FOR FINANCIAL ASSISTANCE THROUGH OTHER SOURCES? **Yes** **No** **If so, with whom** _____

DO YOU ATTEND CHURCH REGULARLY: **Yes** **No**

PLEASE GIVE ANY ADDITIONAL INFORMATION YOU CAN ABOUT YOUR NEED FOR FINANCIAL ASSISTANCE: _____

APPLICANT'S CERTIFICATION:

I hereby certify that the information submitted herewith is complete and correct to the best of my knowledge.

I agree to notify Concordia of any unusual changes in my personal or family financial situation. I also agree to notify the committee of any additional financial assistance which I may receive from other sources and understand that such assistance may cause a change in awards that may be offered by Concordia.

I have **included a copy** of my/our families **W-2 FORM** or **PHOTOSTAT** of the **FIRST PAGE** of the **1040** or **1040-A FORMS**. (must accompany application)

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



COMMITTEE USE:

APPLICATION APPROVED **APPLICATION DENIED**

\$ _____ **AMOUNT APPROVE** **DATE:** _____