



## Scholarship Application

Limited funds are available to provide scholarships for children at Faith Lutheran Learning Center. If you wish to be considered for a scholarship, please complete this application and submit it to the Director/Asst. Director. All information given is confidential.

Child's name \_\_\_\_\_ Classroom \_\_\_\_\_

Parents' names \_\_\_\_\_

Child's birth date \_\_\_\_\_ Date first enrolled \_\_\_\_\_

Child is living with: \_\_\_ father \_\_\_ mother \_\_\_ both parents \_\_\_ other

Name (first), age, and relationship of others in the household:

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

### Family Income

Total income, before deductions, from all income sources and jobs must be reported. All applications must have recent income stubs attached.

Wages (Source and amount) \_\_\_\_\_

\_\_\_\_\_

Child Support \_\_\_\_\_

Food Stamps/WIC \_\_\_\_\_

Other Sources \_\_\_\_\_



### Hardship Conditions

If you wish to apply under this category, check the nature of the hardship and fill in the dollar amount.

\_\_\_\_\_ **High Medical Bill**

\_\_\_\_\_ **Disaster or Casualty Loss**

\_\_\_\_\_ **Shelter cost in excess of 20% of your income**

\_\_\_\_\_ **Special Education Costs due to mental or physical condition of the child**

\_\_\_\_\_ **Loss of Job**

Please list any special circumstances that would affect your child's eligibility for a scholarship.

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Which are you applying for?    \_\_\_\_\_ Full scholarship    \_\_\_\_\_ Partial scholarship

If partial, what amount of scholarship is requested? \_\_\_\_\_

Application submitted by \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature

\* Application will be reviewed every three months or if there are any changes in eligibility.