



## **FLLC Tuition Scholarship Application**

**Scholarship application deadlines: July 15, Oct 15, Jan 15, and Apr 15**

Limited funds are available to provide scholarships for children at Faith Lutheran Learning Center. If you wish to be considered for a scholarship, complete this application and submit it along with paper or electronic paystubs (totaling one month), to the Director or Asst. Director. All information provided is confidential.

**\*The application must be complete, signed, and pay stubs attached prior to submission; all information is required.**

### **Family Information**

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Parent/Guardian'(s) Name(s): \_\_\_\_\_

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

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

Is anyone in the household attending college? If so, please list first name(s) and whether it is part-time or full-time: \_\_\_\_\_

\_\_\_\_\_

### **Family Income**

Total income (before deductions) from all income sources and jobs must be reported.

\*Recent income stubs must be attached.

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

\_\_\_\_\_

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

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

Unemployment Insurance \_\_\_\_\_

Financial Aid/Grants \_\_\_\_\_

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



**Hardship Conditions**

Check one or more hardship condition and fill in the corresponding dollar amount(s).

\_\_\_\_\_ **High medical bill(s)** \$ \_\_\_\_\_

\_\_\_\_\_ **Disaster or Casualty loss** \$ \_\_\_\_\_

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

\_\_\_\_\_ **Special education/related service costs for child** \$ \_\_\_\_\_

\_\_\_\_\_ **Loss of job;** When? \_\_\_\_\_ What is being done to seek other employment? \_\_\_\_\_

\_\_\_\_\_ **Work hours reduced, or furloughed from job due to COVID-19;**

When? \_\_\_\_\_ Do you have an expected return date/Do you know when your regular hours will resume? \_\_\_\_\_

If applicable, how many hours per week are you working? \_\_\_\_\_

**Subsidy**

Circle yes or no.

**Is your child currently receiving subsidy payments through CCAP?** Y or N

**Have you applied for subsidy through Benefind?** Y or N

**If so, were you approved?** Y or N

**In addition to financial support, what other ways can we be of help to your family?**

---

---

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

**Applicant Signature**