

COMMUNITY CHRISTIAN SCHOOL SCHOLARSHIP APPLICATION

Date _____

We are desirous of having Community Christian School work with us in the total Christian education of our child(ren) and request a scholarship to enroll the following child(ren) in Community Christian School. Name of child(ren) to attend CCS:

Child's Full Name	Child's Grade Level
Child's Full Name	Child's Grade Level
Child's Full Name	Child's Grade Level
Child's Full Name	Child's Grade Level

Parent Information:

Parent Name(s)		
Address		
City	Zip	Home Phone:
Husband's Occupation	Wife's Occupation	

Tuition:

Annual Tuition Fees for your family: _____ \$			
<i>NOTE: THIS DOES NOT INCLUDE REGISTRATION OR BOOK FEES</i>			
Amount you can Pay:	Scholarship amount desired:	Have you ever received a scholarship from CCS?	If Yes, When? & How Much?

OFFICE USE ONLY

Scholarship Approved: ____ YES ____ NO	Date:	Scholarship amount granted:
If not approved, reason for rejection:		

FINANCIAL INFORMATION

Adjusted Gross Income as reported on last Income Tax Return (ATTACH A COPY OF FORM 1040) will not be processed if not attached	\$
If significant change, projected income for next year	\$
Please Explain -	

How much do you owe on the following:

House:	Monthly Payment:	\$
Vehicles:	Monthly Payment:	\$
Credit Cards:	Monthly Payment:	\$
List any other debts you have:		
Do you have any past due bills:	_____ Yes	_____ No

List any additional sources of income not reported on FORM 1040

Social Security/Workman's Compensation	\$	Weekly	Monthly	Yearly
Public Aid (AFDC, Welfare, etc.)	\$	Weekly	Monthly	Yearly
Child Support	\$	Weekly	Monthly	Yearly
Other	\$	Weekly	Monthly	Yearly

If separated or divorced what percent of tuition will the other parent pay? _____

Special financial circumstances to be considered: _____

All information provided on this form is true and complete to the best of my knowledge.

Father's Signature	Mother's Signature
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