



SCHOLARSHIP APPLICATION

PARENT/GAURDIAN INFORMATION

Name:	Relationship to Student:
Email:	Phone:

STUDENT(S) INFORMATION

Name:	DOB:	Grade:
Name:	DOB:	Grade:
Name:	DOB:	Grade:
Name:	DOB:	Grade:
*Eligible for free/reduce lunch (must attach documentation):	School:	

PLEASE PROVIDE THE FOLLOWING INFORMATION

I applied for Title XX but was denied. Check this box and attach your denial letter.

- I am **unable** to apply for Title XX for one of the reasons listed below.
- One or more adults in the home is not working or attending school at this time
 - One or more adults in the home received Title XX for maximum number of years already
 - One ore more adults in the home is unable to provide the necessary paperwork or documentation

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature of applicant:	Date:
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**Must provide proof of free/reduced lunch eligibility. This information can be obtained from the school office.*