

# LIGHT ONE CANDLE SCHOLARSHIP APPLICATION

(To be completed by parent or guardian)

## Instructions:

Please fill out this application in full and return it to the Scholarship Focus School of your choice. Please refer to the Scholarship Application section of this website to note the names and addresses of the schools that are currently receiving applications for the following school year. Please also note the deadline for turning in the application.

If returning this application by mail, write "Scholarship Application" on the envelope.

1. Attach copy of most recent W-2 form, 1099s, or any other proof of income or financial assistance from any other source.
2. Attach copy of your child's most recent report card

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present grade (current school year) \_\_\_\_\_

Elementary school presently attending \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Guardian's Name (if applicable) \_\_\_\_\_

Student's Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you own \_\_\_\_\_ Rent \_\_\_\_\_

How long at this address \_\_\_\_\_ Home Phone \_\_\_\_\_

No home phone, but I can be reached at \_\_\_\_\_

Explain child's living arrangements (for example: lives with both parents, parents divorced, lives with mother/father, lives with a relative, etc)

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

List applicant's brothers/sisters, their ages, and school(s) they attend

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

Has student been suspended or dismissed from any school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to above question, please

explain: \_\_\_\_\_

\_\_\_\_\_

List school activities, clubs, and/or community organizations student has participated in:

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List any academic honors student has earned:

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I hereby certify that the above and attached information is true. I agree to pay the enrollment fee, and to pay tuition not covered by scholarship. I further consent to disclose any of my records pertaining to any governmental benefit program or private benefit program which provides cash or in-kind assistance in the form of payments, grants, loans, or loan guarantees for the purpose of determining scholarship eligibility. I understand that the decision of the scholarship committee is final.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

I am aware that this child is applying for a scholarship to \_\_\_\_\_

Signature of Principal \_\_\_\_\_

**OPTIONAL**

Reasons for requesting scholarship:

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