# STUDENT SCHOLARSHIP RENEWAL FORM AGRICULTURAL COLLEGE

The Bill and Linda Tos Family Foundation values Christian education and seeks to help families who want their children to attend Christian schools by awarding tuition scholarships. The Foundation considers a variety of factors in awarding scholarships, including but not limited to: financial need (as demonstrated within the application), church life, and commitment to Christian education.

**INSTRUCTIONS:** Please fill in and complete the following application forms. to be considered to receive a tuition scholarship, mail in your completed application, a copy of your last filed tax return, *(you may redact any personally identifying information)* and your college transcript.

### The Bill and Linda Tos Family Foundation P.O. Box 12060 San Luis Obispo, CA 93406

By submitting and application, you are entering yourself into consideration, along with other candidates, to receive a scholarship. Submitting an application does not guarantee receiving a scholarship. **BEFORE** applying for a scholarship from the Bill and Linda Tos Family Foundation, your enrollment at the college/university listed below will be verified prior to any scholarship aware. Note: All information included in this application will remain confidential.

#### STUDENT INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME	
HOME ADDRESS	APT/SUITE	CITY	-	STATE	ZIP CODE
HOME PHONE (w/ area	code)	CELL PHONE (w/	area code)		EMAIL ADDRESS
GENDER	DATE OF BIRTH	BIRTHP	LACE	PRIMARY	Y GUARDIANS(s)
SCHOOL INFORMAT	ΓΙΟΝ				
PRESENT SCHOOL:		CUMULATIVE GPA:			
NUMBER OF UNITS COMPI	MOS	MOST RECENTLY COMPLETED TERM'S GPA:			
PARENT/GUARDIAN FIRST NAME	LAST NAME		ЭЕ	RELATION	SHIP TO STUDENT
HOME ADDRESS	APT/SUITE	CITY	,	STATE	ZIP CODE
EMPLOYMENT INFO	RMATION (select a	all that apply)EM	APLOYED _	_SELF-EMPLO	YEDUNEMPLOYED
NAME OF EMPLOYER/CO	OMPANY	POSITION	ANNUAL	SALARY	YEARS EMPLOYED
EDUCATION (indicate highest co					
CURRENT MARITAL ST	IATUS _SINGL	E _MARRIED	_DIVORC	CED _SEPAR	RATED _WIDOWED

## PARENT/GUARDIAN INFORMATION (optional)

	LASI	NAME	AGE	RELATION	ISHIP TO STUDENT
HOME ADDR	ESS APT	/SUITE	CITY	STATE	ZIP CODE
EMPLOYMENT I	NFORMATION	(select all that apply)	EMPLOYED	SELF-EMPLC	YEDUNEMPLOYEI
NAME OF EMPLOYI	ER/COMPANY	POSITION	ANNU	AL SALARY	YEARS EMPLOYED
<b>EDUCATION</b> (indicate h	ighest completed) <u>HIC</u>	GH SCHOOL _SOM	e college _c	OLLEGE GRADU	ATE _POST GRADUAT
CURRENT MARIT	AL STATUS _	SINGLEMAR	RIED _DIVO	RCED _SEPAI	RATED _WIDOWED
PARENT/GUARI	DIAN INFOR	MATION (option)	ul)		
FIRST NAME	LAST	'NAME	AGE	RELATION	ISHIP TO STUDENT
HOME ADDR	ESS APT	/SUITE	CITY	STATE	ZIP CODE
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FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE	AGE	OCCUPATION/SCHOOL
FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE	AGE	OCCUPATION/SCHOOL
FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE	AGE	OCCUPATION/SCHOOL
FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE	AGE	OCCUPATION/SCHOOL
FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE	AGE	OCCUPATION/SCHOOL
FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE	AGE	OCCUPATION/SCHOOL

#### **CERTIFICATION SIGNATURE:**

I understand that the information I have provided on this application is confidential between myself and the Bill and Linda Tos Family Foundation. I certify that the income information that I have provided is true and correct, all income is reported and that I have provided a true and accurate verification of my annual household income. I understand intentional misrepresentation of this information will result in the scholarship being denied and/or terminated. I understand that the scholarship will continue for one school year only as long as the student is enrolled at the college/university listed on this application. Further, I understand that the scholarships are awarded according to the prioritized selection of the qualified applicants, as per the guidelines, and that the scholarship awards are made at the sole discretion of the Bill and Linda Tos Family Foundation. All decisions are final. I release the Bill and Linda Tos Family Foundation and it's Board of Officers and Directors, from any liability in its efforts to provide 1-year educational grants at the sole discretion of the Bill and Linda Tos Family Foundation.

STUDENT SIGNATURE:		2.	/ /
	PRINT NAME	SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE:			/ /
	PRINT NAME	SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE:			/ /
	PRINT NAME	SIGNATURE	DATE

Please use this space to explain any special circumstances and/or expenses (i.e. filed for bankruptcy, extraordinary medical expenses, recent loss of employment, other tuition or educational costs, child support (paid or unpaid) by parent not residing in the household, etc.)