

STUDENT SCHOLARSHIP APPLICATION FORM

CENTRAL VALLEY CHRISTIAN SCHOOLS

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 a letter of recommendation from a church pastor to:

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. All information included in this application will remain confidential.

STUDENT INFORMATION (*for households with more than one student applicant, additional student information forms of this application can be found on the last page of this application - each student will be required to fill out a separate questionnaire*)

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	BIRTHPLACE	PRIMARY GUARDIANS(s)	

SCHOOL INFORMATION

CURRENT SCHOOL: _____

CURRENT GRADE LEVEL: _____

PARENT/GUARDIAN INFORMATION

FIRST NAME	LAST NAME	AGE	RELATIONSHIP TO STUDENT	
HOME ADDRESS	APT/SUITE	CITY	STATE	ZIP CODE

EMPLOYMENT INFORMATION (*select all that apply*) EMPLOYED SELF-EMPLOYED UNEMPLOYED

NAME OF EMPLOYER/COMPANY	POSITION	ANNUAL SALARY	YEARS EMPLOYED
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EDUCATION (*indicate highest completed*) HIGH SCHOOL SOME COLLEGE COLLEGE GRADUATE POST GRADUATE

CURRENT MARITAL STATUS SINGLE MARRIED DIVORCED SEPARATED WIDOWED

PARENT/GUARDIAN INFORMATION (optional)

FIRST NAME	LAST NAME	AGE	RELATIONSHIP TO STUDENT	
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HOME ADDRESS	APT/SUITE	CITY	STATE	ZIP CODE
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EMPLOYMENT INFORMATION (select all that apply) EMPLOYED SELF-EMPLOYED UNEMPLOYED

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CURRENT MARITAL STATUS SINGLE MARRIED DIVORCED SEPARATED WIDOWED

PARENT/GUARDIAN INFORMATION (optional)

FIRST NAME	LAST NAME	AGE	RELATIONSHIP TO STUDENT	
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HOME ADDRESS	APT/SUITE	CITY	STATE	ZIP CODE
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EDUCATION (indicate highest completed) HIGH SCHOOL SOME COLLEGE COLLEGE GRADUATE POST GRADUATE

CURRENT MARITAL STATUS SINGLE MARRIED DIVORCED SEPARATED WIDOWED

FINANCIAL INFORMATION

HOUSEHOLD ADJUSTED GROSS INCOME (taken from your tax return) \$ _____

HOUSING STATUS: OWN RENT

MONTHLY MORTGAGE/RENT: \$ _____

ALL OTHERS LIVING IN HOUSEHOLD

FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE	AGE	OCCUPATION/SCHOOL
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FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE	AGE	OCCUPATION/SCHOOL
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FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE	AGE	OCCUPATION/SCHOOL
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FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE	AGE	OCCUPATION/SCHOOL
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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 the 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 in the school, the student’s family continues to meet the scholarship income guidelines and the student’s family makes all the required tuition payments to the school. 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 agree to have my children’s past and current progress reports released by the school to the Bill and Linda Tos Foundation for program evaluation. I release the Bill and Linda Tos Family Foundation and its Board of 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: _____ / /
PRINT NAME SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE: _____ / /
PRINT NAME SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE: _____ / /
PRINT NAME SIGNATURE DATE

PARENT/GUARDIAN QUESTIONNAIRE

How did you hear about the Bill and Linda Tos Family Foundation?

What qualities do your children exhibit that make him/her a good candidate for a scholarship?

Why do you think your children will benefit from attending a Christian school?

Do you regularly attend a church? What activities do you participate in at church?

STUDENT APPLICANT QUESTIONNAIRE

STUDENT NAME

Please list your hobbies, talents, and interests:

Please list any other activities you do outside of school:

What school related achievement are you most proud of: *(Examples can include: academic awards, making the sports team, making a new friend, a particular project, getting a good grade on a test etc.)*

Who is your role model? Why?

ADDITIONAL STUDENT APPLICANTS *(optional)*

PLEASE NOTE THAT EACH STUDENT APPLICANT WILL NEED TO FILL OUT A SEPARATE QUESTIONNAIRE

① _____

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HOME PHONE (w/ area code)	CELL PHONE (w/ area code)	EMAIL ADDRESS
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GENDER	DATE OF BIRTH	BIRTHPLACE	PRIMARY GUARDIANS(s)
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SCHOOL INFORMATION

PRESENT SCHOOL: _____

PRESENT GRADE LEVEL: _____

① _____

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SCHOOL INFORMATION

PRESENT SCHOOL: _____

PRESENT GRADE LEVEL: _____

HOUSEHOLD MONTHLY BUDGET WORKSHEET

APPLICANT NAME

Monthly Income Breakdown

Salary 1: _____

Salary 2: _____

Bonuses: _____

Commissions: _____

Dividend Income: _____

Social Security: _____

Disability: _____

Spousal/Child Support: _____

Other (*please specify*): _____

Total Monthly Income: _____

Monthly Expense Breakdown

Tithes/Offerings/Charitable Giving: _____

Mortgage or Rent (*specify which*): _____

Car Payment: _____

Car Expenses (*insurance, gas*): _____

Utilities (*electric, gas, water, sewage, trash*): _____

Cable/TV/Internet: _____

Phone: _____

Food: _____

Clothing: _____

Entertainment (*movies, dining out, subscriptions*): _____

Home Maintenance: _____

Child/Spousal Support: _____

Other (*please explain*): _____

Total Monthly Expenses: _____

Monthly Net Income less Monthly Expenses: _____