

STUDENT SCHOLARSHIP RENEWAL FORM

CHRISTIAN 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 award. 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	BIRTHPLACE	PRIMARY GUARDIANS(s)		

SCHOOL INFORMATION

PRESENT SCHOOL: _____ CUMULATIVE GPA: _____
NUMBER OF UNITS COMPLETED: _____ MOST RECENTLY COMPLETED TERM'S GPA: _____

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	
HOME ADDRESS	APT/SUITE	CITY	STATE	ZIP CODE

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	
HOME ADDRESS	APT/SUITE	CITY	STATE	ZIP CODE

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

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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 *(found on 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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