

# STUDENT SCHOLARSHIP APPLICATION FORM

## HANFORD CHRISTIAN SCHOOL

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	
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

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

## 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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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?

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

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

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

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# STUDENT APPLICANT QUESTIONNAIRE

STUDENT NAME

Please list your hobbies, talents, and interests:

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Please list any other activities you do outside of school:

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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.)*

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Who is your role model? Why?

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## ADDITIONAL STUDENT APPLICANTS *(optional)*

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

①	FIRST NAME		MIDDLE NAME		LAST NAME	
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GENDER	DATE OF BIRTH		BIRTHPLACE	PRIMARY GUARDIANS(s)		

### SCHOOL INFORMATION

PRESENT SCHOOL: \_\_\_\_\_

PRESENT GRADE LEVEL: \_\_\_\_\_

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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:** \_\_\_\_\_