



Shiloh Christian School

1282 Amity Lane Tahlequah, OK 74464
Office: (918) 458 -5041 Email: info@shilohcs.org

www.shilohcs.org

SHILOH SCHOLARSHIP APPLICATION

(Please list each child that you want to be considered for a scholarship within your immediate household.)

Student Name: _____ Birth Date: _____ Grade: _____

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Financially Responsible Party Information:

Financially Responsible Party Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent Name(s): _____

Home Church: _____
(Name) (City/Town) (Phone Number)

How often does the applicant attend church services? _____

Please state why you need this scholarship: (Attach additional pages as needed)

Our mission is partnering with the family to cultivate academic excellence, integrate Godly principles for living, and guide every child toward maturity in Jesus Christ.

FINANCIAL INFORMATION:

List all sources of income for your family:

****Attach a copy of page 1 of your most recent income tax return to this application showing adjusted gross income for your family.**

FAMILY COMMITMENT:

When are you available to volunteer (day/time)? _____

What ways would you like to volunteer? _____

I affirm the correctness of the foregoing answers. I certify that I have read and accept the guidelines for this scholarship. If a scholarship is awarded, I further promise to keep the board informed of any change(s) in my school enrollment status, mailing address, e-mail address, or phone number. In making this application for aid for the academic year of 2024 through 2025, the undersigned agrees, **if aid is granted, to devote his/her best efforts to the educational opportunity afforded by this aid and commit to performing 2 hours of volunteer service each semester to Shiloh Christian for every \$100 awarded.**

Parent/Guardian Signature: _____ Date: _____

Return completed applications no later than August 1, 2024 to receive priority consideration:

**Shiloh Christian School
Attn: Shiloh Christian School Scholarship Team
1282 Amity Lane
Tahlequah, OK 74464**

Checklist for items to return: _____ Application _____ Tax Return

****Applications are reviewed on an ongoing basis. Applications received after August 30, 2024 may not be considered.**

<i>Office Use Only</i>	Date Application Received _____
Approved _____	Not Approved _____
Amount Awarded _____	
Shiloh Service Hours Required Per Semester: _____	