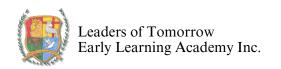


1017 South Spring Road Vineland, New Jersey 08361 (856) 692-3400 leadersoftominfo@gmail.com www.leadersoftomorrowela.org

## **Scholarship Application**

	~ сср		
Name:		Phone:	
Address:			
E-mail:			
Financial Informatiom:			
Income		Expense	
Monthly Employment Income Combined gross income from all working adul	\$ ts	Rent/Mortgage	\$
Child Support	\$	Utilities	\$
Social Security	\$	Phone/Internet:	\$
Unemployment	\$	Vehicle Insurance	\$
Food Stamps	\$	Medical Insurance	\$
Welfare	\$	Groceries	\$
Other (Explain)	\$	Other (Explain)	\$
Total Monthly Income	\$	Total Monthly Expense	\$
Household Size: Do you o			
Name:			
		<u> </u>	



Signature:

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Give us a brief description of why you would lik	e your child(ren) to attend our school:
	<u> </u>
Is there any additional information that should land (Disability, Catastrophic Circumstance, Child Support, Ha	
Please ensure the following is submitted along wit	h your application:
• Proof of Income (for all working adults in household, Current Paystubs)	Copies of Priority Bills (must include Utility Bills)
• Mortgage Statement or Lease Agreement	Most Recent Tax Return (Federal Form 1040)
A letter of recommendation from your pastor to potential student	that indicates regular church attendance of you and the
•	s, disciplinary reports, IEPs from previous schools
• Sixth through twelfth grade students should we Include a personal testimony of faith in Christ	rite a brief statement as to why they would like to attend.
determined as false or inaccurate, scholarships circumstance change, I agree to notify the scho be reviewed or re-verified at a later date. I und	omplete and accurate. Should the information provided be a may be terminated or denied. Should my financial cool within 30 days. I understand that my financial status may derstand that scholarships are given at the discretion of my Inc. and that the organization is at liberty to reject this
Name:	Date: