



# Scholarship Application

**Freedom of Choice Student Center Homeschool (FCSCH)**

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**SCHOLARSHIP RECIPIENT:**

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: [ street, city, zip] \_\_\_\_\_

Second Parent if applicable: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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**Student Name:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Fall 2022 Grade: \_\_\_\_\_

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**SCHOLARSHIP: please check all that apply**

I am applying for the:

\_\_\_ Annual scholarship (K-5 \$8000)      \_\_\_ Annual scholarship (6-8, \$9000)

\_\_\_ scholarship (K-5, \$4000)      \_\_\_ I would like to be considered for both, annual & half off

*If applying for the half off scholarship, the parent will be responsible for the first half of the school year (\$4000). The scholarship will pay the full tuition (\$4000) for the second half of the school year.*

\_\_\_ I agree that I will pay for the first half of the school year

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**Parent initial required:**

\_\_\_ The recipient will be enrolling in FCSCCH in the fall of 2024.

\_\_\_ The recipient must be enrolled in FCSCCH and committed to attend a minimum of one year (must enroll prior to October 1, 20224) to receive this scholarship.

\_\_\_ The recipient understands the scholarship will cover the tuition only. The parent will be responsible for other as-needed school items.

\_\_\_ All aspects of the recipient information will remain anonymous by the sponsor.

\_\_\_ There will be no contact between the recipient and sponsor.

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit your essay with this scholarship application to: [freedomofchoicesc@gmail.com](mailto:freedomofchoicesc@gmail.com)