



Scholarship Application

Freedom of Choice Student Center Homeschool (FCSCH)

SCHOLARSHIP RECIPIENT:

Parent Name: _____ Date: _____

Address: [street, city, zip] _____

Second Parent if applicable: _____

Phone/Cell: _____ Email: _____

Student Name:

Name: _____ Age: _____ Current Grade: _____

SCHOLARSHIP: please check all that apply

I am applying for the:

___ Annual scholarship (K-5 \$7000) ___ Annual scholarship (6-8, \$8000)

___ Semester scholarship (K-5, \$3500) ___ Semester scholarship (6-8, \$4000)

___ I would like to be considered for both, annual & semester

If applying for the semester scholarship, the parent will be responsible for the first half of the school year (\$3500/\$4000). The scholarship will pay the full tuition (\$3500/\$4000) for the second half of the school year. ___ I agree that I will pay for the first half of the school year

Parent initial required:

___ The applicant agrees to provide a copy of their current W-2 form.

___ The recipient will be enrolling in FCSCH in the season _____ of year _____.

___ The recipient must be enrolled in FCSCH and committed to attend a minimum of one year to receive a 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.

Parent Signature: _____ Date: _____

Please submit your essay with this scholarship application to: freedomofchoicesc@gmail.com