



# 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: \_\_\_\_\_

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**SCHOLARSHIP:** *Please check all that apply: Note: Available scholarship amounts may vary and not cover the entire amount of tuition.*

I am applying for the:

- ☐ Annual scholarship (K-5th \$7000)      ☐ Annual scholarship (6-10th, \$8000)  
☐ Semester scholarship (K-5th, \$3500)      ☐ Semester scholarship (6-10th, \$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 (K-5th, \$3500/6-10th, \$4000). The scholarship will pay no more than \$3500 for the second half of the school year. The parent is responsible for the remaining balance of all scholarships.*

☐ I agree that I will pay for the first half of the school year.

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**Parent initial required:**

- ☐ The applicant agrees to provide a copy of their current W-2 form.  
☐ The student recipient will be enrolling in FCSCH in the fall season of year 2023.  
☐ The student recipient must be enrolled in FCSCH and committed to attend a minimum of one year to receive a scholarship.  
☐ If the scholarship doesn't cover the entire tuition, I agree to pay the remaining balance.  
☐ The recipient understands the scholarship will cover the tuition only. The parent will be responsible for all other as-needed 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)**