



# Hilltop Christian School Scholarship Application Form

Child's Full Name \_\_\_\_\_ Date \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email Address \_\_\_\_\_

How many people in your family? \_\_\_\_\_ How many children live with you? \_\_\_\_\_

Do you pay child care for any children? \_\_\_\_\_ If so, how much per month? \$ \_\_\_\_\_

In which class is your child registered at Hilltop? \_\_\_\_\_

Sources of income (check all that apply):

\_\_\_\_ father works \_\_\_\_ mother works \_\_\_\_ guardian works \_\_\_\_ child support

\_\_\_\_ other (please explain) \_\_\_\_\_

Please indicate your annual household income:

\_\_\_\_ under \$25,000 \_\_\_\_ \$40,000-\$60,000 \_\_\_\_ \$80,000-\$100,000  
\_\_\_\_ \$25,000-\$40,000 \_\_\_\_ \$60,000-\$80,000 \_\_\_\_ over \$100,000

***A copy of current W-2 forms are required for verification of income and must be included with this application.***

What amount of monthly scholarship would benefit you? \$ \_\_\_\_\_

Is there any other information that we need to know to make our decision?

\_\_\_\_\_  
\_\_\_\_\_

In order to receive this scholarship, I understand and agree to:

1. Bring my child to school on time and pick up my child on time.
2. Make sure my child attends school every day (except when ill).
3. Pay monthly tuition on time.
4. Pay the registration fee and annual student fee for my child's class by May 1<sup>st</sup>.
5. Be willing to complete **additional** service hours for my child's class.

# Hilltop Christian School

## Scholarship Application Form

continued

6. The scholarship could pay up to one-half of the school tuition, with a maximum of \$1700 per child per school year.
7. Scholarship applications will be reviewed and notifications mailed by March 15<sup>th</sup>.
8. Scholarship offer must be accepted in writing and contract signed by May 25<sup>th</sup>.
9. Agree to release Hilltop Christian School from any liability in its effort to provide this educational grant.

I understand that all of the above conditions must be met by my child/family in order to be eligible for a scholarship award. I certify that all the information provided on this application is true and complete to the best of my knowledge. I agree to provide proof that the statements are true and I acknowledge that failure to do so will void the scholarship.

The scholarship will be periodically reviewed and can be revoked for cause at any time.

\_\_\_\_\_  
1<sup>st</sup> Parent/Guardian Signature

\_\_\_\_\_  
Print Parent/Guardian Name

Date \_\_\_\_\_

\_\_\_\_\_  
2<sup>nd</sup> Parent/Guardian Signature

\_\_\_\_\_  
Print Parent/Guardian Name

Date \_\_\_\_\_