



DR. HORACE W. STRAND
President

Dietra Conner
Executive Director

Student Information

Student Name _____

D.O.B. _____ Grade _____

S.S.# _____ Address _____

City _____ State _____ ZipCode _____

County _____ Telephone() _____ - _____

Current School Attending _____ Grade _____

Parent/Guardian Information

Mother's

Name _____ Address _____

City _____ State _____ ZipCode _____

County _____ Telephone() _____ - _____

Father's

Name _____ Address _____

City _____ State _____ ZipCode _____

County _____ Telephone() _____ - _____

Scholarship Information

School at which Scholarship will be used

Phone: _____

Address of School

City _____

State _____ Zip Code _____ County _____

Yearly Tuition Cost \$ _____ Monthly Tuition Cost \$ _____

1. Yearly Total Household Income of Mother/1st Guardian \$ _____

2. Yearly Total Household Income of Father/2nd Guardian \$ _____

3. Combined or Total Monthly Social Security, Disability, SSI, Pension \$ _____

4. Combined or Total Monthly Child Support, Alimony \$ _____

5. Combined total of Numbers 1 - 4 \$ _____

Other Dependents- Name	Relation	Date of Birth	Grade
1.			
2.			
3.			
4.			
5.			

This Form must be mailed within 10 days after receiving application

I (we) hereby agree that any scholarship award will be used exclusively for the payment of tuition at the School designated above, and that the School is authorized to verify that the designated student is enrolled in said School and that the School's tuition has been paid. I (we) further agree to notify Children First America, Delaware County immediately should the student no longer be enrolled in the said School, for any reason, I (we) also agree to repay Children First America, Delaware County any tuition amounts, paid for by a scholarship grant from Children First America, Delaware County, which are refunded to me (us) by the School by reason of the fact that the student is no longer enrolled in said School.

Signature(s) of Parents/Guardians:

Mother/1stGuardian _____ Date _____

Father/2ndGuardian _____ Date _____