

HOPE SCHOLARSHIP APPLICATION

Mecosta County Community Foundation Academic Year 2011-2012

NAME OF SCHOLARSHIP: _____

NAME OF STUDENT: _____
First Middle Last

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ ALTERNATE # _____

S.S. # _____ DATE OF BIRTH ___/___/___ SEX: female ___ male ___

PARENTS(S) NAME OR NEAREST RELATIVE: _____

ADDRESS (if different from applicant) _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ ALTERNATE # _____

ELEMENTARY SCHOOL PRESENTLY ATTENDING _____

PRIVATE ELEMENTARY SCHOOL YOU WOULD LIKE YOUR CHILD TO ATTEND:

Street Address City State Zip

ANNUAL TUITION: _____

PRIVATE SCHOOL STUDENT WILL ATTEND _____

Street Address City State Zip

HAS STUDENT BEEN ACCEPTED TO THIS SCHOOL? YES ___ NO ___

SCHOOL VERIFICATION OF ACCEPTANCE: _____
Signature of Principal

**MECOSTA COUNTY COMMUNITY FOUNDATION
SCHOLARSHIP FINANCIAL QUESTIONNAIRE**

Parent(s)/Guardian(s) adjusted gross income from most recent tax return (this amount will reflect on the IRS1040 tax return) \$ _____

How many other children are attending private school at this time? _____

How Many dependents live with you and your family? _____

Please explain any other extenuating circumstances that you would like taken into consideration with applying for the HOPE SCHOLARSHIP:

To be eligible for this scholarship, you must provide verification that the student qualifies for the Federal Free or Reduced Price School Lunch Program:

Signature of Principal

By signing this document I attest that the information contained on this form is correct to the best of my knowledge. (Information will remain confidential)

Parent(s)/Guardian(s) Signatures: _____ Date _____

_____ Date _____