

2016-2017 Scholarship Application for Genesis Christian School

Section 1: Applicant and Co-Applicant Information

I. Applicant Information: Parent or Guardian

Name _____
Social Security # _____ Date of Birth _____
Mailing Address _____
City _____ State _____ Zip _____
Daytime Phone # _____ Evening Phone # _____
E-mail address _____
Current Marital Status _____
Employment Status _____ Relationship to Student _____
Occupation _____ Employer _____
Place of Worship _____
Religious Affiliation _____

II. Co-Application Information: Parent or Guardian (This must be completed if student lives with both applicants)

Name _____
Social Security # _____ Date of Birth _____
Employment Status _____ Relationship to Student _____
Occupation _____ Employer _____
Religious Affiliation _____

Section 2: Student and School Information

Child's Name _____
Child's Social Security No. _____ Date of Birth _____

Child's Name _____
Child's Social Security No. _____ Date of birth _____

