

Genesis Christian School Scholarship Application

Section 1: Applicant and Co-Applicant Information

(Section I and Section II must be completed by both parents)

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 _____

Place of Employment _____ Relationship to Student _____

Occupation _____ Employer _____

Place of Worship _____

Religious Affiliation _____

II. Co-Application Information: Parent or Guardian (This must be completed by both parents)

Name _____

Social Security # _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone # _____ Evening Phone # _____

E-mail address _____

Current Marital Status _____

Place of Employment _____ Relationship to Student _____

Occupation _____ Employer _____

Place of Worship _____

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 _____

Child's Name _____

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

Child's Name _____

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

This section must be completed in full before your application can be reviewed.

Section 3: Applicant and Co-Applicant Income Information

1. Size of household: Number of adults living in this household _____
Number of children living in this household _____

2. Do you file a federal income tax return? _____

3. Does the co-applicant file a federal income tax return? _____

*Taxable Income: (Page 1 of your 1040 tax form **must** be submitted with your application)*

4. Please list the "Adjusted Gross Income" from the applicant's most recent federal tax return. _____

5. Whether filing jointly or separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return. _____

6. Do you own any of the following?

a. Business	Yes	No
b. Farm	Yes	No
c. Rental Property	Yes	No
d. S Corporation	Yes	No
e. Partnership	Yes	No
f. Estates and Trusts	Yes	No

Nontaxable Income: (Indicate if it is received weekly, monthly, or annually)

7. Child support received	W	M	A	\$_____
8. Social Security benefits that were not taxed	W	M	A	\$_____
9. Temporary Assistance for Needy Families	W	M	A	\$_____
10. AFDC or ADC	W	M	A	\$_____
11. Food stamps	W	M	A	\$_____
12. Tuition support from family/friends/employer	W	M	A	\$_____
13. Worker's Compensation	W	M	A	\$_____
14. Other non-taxable income	W	M	A	\$_____

Change of Income:

Section 3: ESTIMATED TUITION RESPONSIBILITY

How much do you estimate your and/or your spouse can pay toward this child(s) tuition **monthly**? \$_____

(This application is for tuition only. the registration and book fee are the responsibility of the applicant. These fees will not be included in the scholarship. This section must be completed before your application can be reviewed.)

Applicant Signature

Date

Co-Applicant Signature

Date