



## HOME Scholarship Application Form

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Child(ren)s Name(s) and Age:

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

Scholarship:  Convention  Used Curriculum Sale  Portfolio Review

Amount Requested: \_\_\_\_\_

Briefly describe the current circumstances, which necessitate your request for assistance:

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

Please list two references that will confirm your situation for us:

Name: \_\_\_\_\_

Relationship:  friend  neighbor  pastor/church leader  other: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship:  friend  neighbor  pastor/church leader  other: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

For HOME Office Use Only: Date: \_\_\_\_\_ Scholarship  granted for \$ \_\_\_\_\_ OR  denied

Reason for Denial: \_\_\_\_\_