

ROSETTA ANDERSON SCHOLARSHIP-150

The purpose of this fund is to make tuition assistance available for families who desire to give their children a good Christian education but may need assistance.

Name of Child(ren)

1. _____
2. _____

APPLICATION

FATHER'S INFORMATION

Name _____ Employer _____
 Last First
 Occupation _____
 Street _____
 City State Zip Phone # Street
 Email Address _____ City State Zip Phone #

MOTHER'S INFORMATION

Name _____ Employer _____
 Last First
 Occupation _____
 Street _____
 City State Zip Phone # Street
 Email Address _____ City State Zip Phone #

Have you ever Received a Rosetta Anderson Scholarship
 YES NO if so, Date received and amount _____

ANNUAL FAMILY INCOME

\$0-20,036	<input type="checkbox"/>	\$40,793-47,712	<input type="checkbox"/>
\$20,037-26,955	<input type="checkbox"/>	\$47,712-54,631	<input type="checkbox"/>
\$26,956-33,874	<input type="checkbox"/>	\$54,632-61,550	<input type="checkbox"/>
\$33,875-40,793	<input type="checkbox"/>	\$61,551-68,469	<input type="checkbox"/>

Number of Family Members # _____

FOR OFFICE USE ONLY

DATE RECEIVED ____/____/____ SMART ACCT # _____ SMART AMOUNT _____
 HSCA AMOUNT _____ ROSETTA ANDERSON AWARD _____ Acpt/Rej ltr. Date _____

RAS-150 cont.

How will your child benefit from the Rosetta Anderson Scholarship?

Please read and sign

I, _____ agree to all terms and conditions as a
(Print name)

recipient of the RAS-150. I am fully aware that the scholarship may be rescinded if I do not fulfill my financial obligations to High Street Christian Academy.

Terms and Conditions

All tuition must be paid by the due date of each month. All tuition must be paid in full by April 20th.

My family will be represented at all PTF meeting.

My child(ren) will participate in all school events, (school trips, Academy Day etc.)

I agree to all rules and regulations as presented in the Student Handbook.

I agree to all terms as presented in the Parental Agreement.

Signature _____ Date _____