



# Forest Lake

EDUCATION CENTER

## Worthy Student Application

Application Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

***The parent/guardian requesting financial aid is required to provide the following with this application.***

### ***Parent/Guardian Information:***

Parent's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Time at current address: Years \_\_\_\_\_ Months \_\_\_\_\_

Church Membership: \_\_\_\_\_

***Previous address if length of time at current address is less than five years***

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### ***Contact Information:***

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### ***Marital Status of Parents:***

- \_\_\_ Married and living together
- \_\_\_ Separated
- \_\_\_ Divorced
- \_\_\_ Widowed
- \_\_\_ Remarried

If separated or divorces, give name, address and phone number of parent not in home:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Employment Information:**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_  
\_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**Income Information:**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_  
Other Monthly Income: \_\_\_\_\_ Other Monthly Income: \_\_\_\_\_  
  
Total Monthly Income: \_\_\_\_\_ Total Monthly Income: \_\_\_\_\_  
Yearly Gross Income: \_\_\_\_\_ Yearly Gross Income: \_\_\_\_\_  
Number of Dependants: \_\_\_\_\_ Number of Dependants: \_\_\_\_\_

**Dependant Information:**

Do you have other children attending SDA schools? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list the student's name (s) and schools below.

**School Information:**

	<b>Name</b>	<b>Age</b>	<b>Grade</b>
1 <sup>st</sup> . Child:	_____	_____	_____
2 <sup>nd</sup> Child:	_____	_____	_____
3 <sup>rd</sup> Child:	_____	_____	_____
4 <sup>th</sup> Child:	_____	_____	_____
5 <sup>th</sup> Child:	_____	_____	_____

## **General Authorization**

I/We hereby authorize Forest Lake Education Center to verify my past and present employment and earnings records.

I/We further authorize Forest Lake Education Center to obtain any and all credit reports necessary to verify and confirm credit information. It is understood that a photocopy of this document shall also serve as an authorization to provide the information requested.

The information obtained is only to be used in the processing of my/our request for the award of the Worthy Student Fund scholarship.

_____ Signature of Applicant	_____ Date	_____ Social Security Number
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\_\_\_\_\_  
Print Father's Name

_____ Signature of Applicant	_____ Date	_____ Social Security Number
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\_\_\_\_\_  
Print Mother's Name

**Monthly Expenses:**

**Tuition**

**FLEC** \$ \_\_\_\_\_

**Food**

- Groceries \$ \_\_\_\_\_
- School \$ \_\_\_\_\_
- Work \$ \_\_\_\_\_
- Lunches \$ \_\_\_\_\_

**Utilities**

- Electric/Gas \$ \_\_\_\_\_
- Garbage \$ \_\_\_\_\_
- Phone \$ \_\_\_\_\_

**Family**

- Child Support \$ \_\_\_\_\_
- Alimony Exp. \$ \_\_\_\_\_
- Clothing \$ \_\_\_\_\_
- Misc. \$ \_\_\_\_\_

**Insurance**

- Auto Insurance \$ \_\_\_\_\_
- Medical Insurance \$ \_\_\_\_\_
- Life Insurance \$ \_\_\_\_\_
- Renters Insurance \$ \_\_\_\_\_

**Entertainment/Recreation**

- Video Rental
- Cable T.V.
- ETC.... \$ \_\_\_\_\_

**Donations**

- Tithe & Offerings \$ \_\_\_\_\_

**Mortgage** \$ \_\_\_\_\_

**Rent** \$ \_\_\_\_\_

**Total Living Expenses** ----- \$ \_\_\_\_\_

### ***Objective:***

The objective of the committee is to see that students who demonstrate scholarship, commitment and financial need receive assistance in obtaining a Christian education at Forest Lake Education Center.

### ***Application:***

This application form has been developed to provide the committee the necessary information to evaluate a Worthy Student Fund request. If the form is not complete (every blank completed), this application may be denied because of inadequate information. **The information you provide will be held in strictest confidence.**

### ***Policy Guidelines:***

1. All decisions of Worthy Student Committee are group decisions. No one person can award funds without subjecting the request to the democratic process.
2. Copy of your most current pay stud and W-2 form is required.
3. The incompleteness of an application is sufficient grounds for denial.
4. Failure of the parents to meet their financial obligations at Forest Lake Education Center may result in discontinuance of assistance.
- 5. If you are a new student, receiving a scholarship from McKay, Step Up for Student, or VPK you do not qualify for Worthy Student funds.**
6. Parent and student agree to adhere to the Christian's standards and policy of Forest Lake Education Center.
7. Forest Lake Education Center does not budget for Worthy Students Funds. The funds available are based on private donations and from other resources.
8. Application must be completely annually.

**Financial Aid Agreement:**

I have read agreed to the terms and condition of this application. Any changes in my/our personal finances status will be reported to the Worthy Student Fund committee. I further understand that the worthy student scholarship is dependent upon my son/daughter meeting the conditions of a worthy student. Should they fail to meet these conditions, the scholarship will be forfeited. I further understand that should I choose to withdraw my son/daughter from FLEC before the end of the semester, the full amount of funds previously applied to my son's/daughter's account will be forfeited and billed to the account.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Father's Name: \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Mother's Name \_\_\_\_\_