



Forest Lake

EDUCATION CENTER

**Miriam Kittrell
Scholarship Fund
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 the 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 the name, address, and phone number of a parent not in the 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 Dependents: _____ Number of Dependents: _____

Dependent Information:

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

School Information:

	Name	Age	Grade
1 st . Child:	_____	_____	_____
2 nd Child:	_____	_____	_____
3 rd Child:	_____	_____	_____
4 th Child:	_____	_____	_____
5 th 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 all credit reports necessary to verify and confirm credit information. It is understood that a photocopy of this document shall also serve as 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 Merit Scholarship Fund.

_____ 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 with the necessary information to evaluate the Merit 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 the strictest confidence.**

Policy Guidelines:

1. All decisions of the Merit 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 stub 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 Family Empowerment, Step Up for Student, or VPK you do not qualify for the Merit Scholarship Fund.***
6. Parent and student agree to adhere to the Christian standards and policy of Forest Lake Education Center.
7. Forest Lake Education Center does not budget for the Merit Scholarship Funds. The funds available are based on private donations and other resources.
8. Application must be completed annually.

Financial Aid Agreement:

I have read and agreed to the terms and conditions of this application. Any changes in my/the status of our personal finances will be reported to the Merit Scholarship Fund committee. I further understand that the Merit Scholarship is dependent upon my son/daughter meeting the conditions of a merit 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 _____