



Forest Lake

EDUCATION CENTER

Miriam Kittrell Scholarship

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

Print Father's Name

Signature of Applicant Date Social Security Number

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. Parent and student agree to adhere to the Christian standards and policy of Forest Lake Education Center.
6. Forest Lake Education Center does not budget for the Merit Scholarship Funds. The funds available are based on private donations and other resources.
7. 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 _____