



SCHOLARSHIP APPLICATION

HARBOR LOCATION: _____ DATE _____

NAME OF APPLICANT _____

ADDRESS _____

DAYTIME PHONE # _____

CHILD NAME (S) _____

CHILD'S AGE (S) _____

CHILD'S GROUP (S) _____

FAMILY SIZE _____

CURRENT COMBINES GROSS SALARY _____

CURRENT CHILD SUPPORT (IF APPLICABLE) _____

CURRENT TUITION FEE _____

(Please verify salary with 4 consecutive pay stubs and a current form 1040. Also, include proof of child support if applicable. All information will be kept confidential).

SIGNED _____

Only those families requesting scholarship assistance need apply. You will be notified of your new fee within 10 days, if approved.