

Applied Date _____ Scholarship Granted _____

Glen Rose Christian Co-op Scholarship Application

Personal Information

First Name Last Name # of years homeschooling # of years with GRCC

Will not receiving scholarship assistance prevent any of your children from participating? Y N

What classes does your child(ren) plan to enroll in this semester? Please indicate in the table below/child.

Child's Name _____

| | | |
|--|--|--|
| | | |
| | | |
| | | |

How much are you able to contribute monthly? (Enter any amount except \$0.) \$ _____

If you attend a church regularly, please tell us where or indicate N/A? _____

Family Members *Must live in the same household

| Name | Age | Employer |
|---------------|-----|----------|
| (Self) | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Please list all other extra-curricular activities your children are involved in.

| Name | Activity (music lessons, sports, gymnastics, etc) |
|------|---|
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| | |

Please submit the following letter with the application:

- Letter from self – Please tell us why you are in need of financial assistance.