



An affiliate of  
Fremont Area Community Foundation

## MCYAC Hope Scholarship Application

Academic Year 2018-2019

### Student Information

Name of Student: \_\_\_\_\_

First

Middle

Last

Home Address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Female\_\_ Male\_\_

Name(s) of Parent(s) or Nearest Relative(s): \_\_\_\_\_

Address (if different from applicant's): \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

### School Information

Elementary School Presently Attending: \_\_\_\_\_

Private School You Would Like Child to Attend: \_\_\_\_\_

Private School's Address: \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Annual Tuition: \_\_\_\_\_ Has Student Been Accepted to This School? \_\_\_\_ Yes \_\_\_\_ No

School Verification of Acceptance: \_\_\_\_\_

Signature of School Principal

### Financial Information:

Parent(s)/Guardian(s) Adjusted Gross Income from Most Recent Tax Return: \_\_\_\_\_  
(this amount will be reflected on the IRS-1040 form)

Number of Other Children Currently Attending Private School: \_\_\_\_\_

Number of Dependents Living with Parent(s)/Guardian(s): \_\_\_\_\_



Please explain any other circumstances that you would like taken into consideration with your application:

To be eligible for this scholarship, you must provide verification that the student qualifies for the Federal Free or Reduced Price School Lunch Program:

\_\_\_\_\_ Signature of School Principal

By signing this document I attest that the information contained on this form is correct to the best of my knowledge. (Information will remain confidential)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_