



MCYAC Hope Scholarship Application

Student Information

Name of student: _____
First Middle Last

Home address: _____

City/State/Zip: _____

Home phone number: _____ Alternate phone 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 (leave blank if not applicable): _____

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 dependents living with parent(s)/guardian(s): _____

Number of other dependents currently attending private school: _____



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.

Signature of Parent/guardian: _____ Date: _____

Signature of Parent/guardian: _____ Date: _____

***This information will remain confidential.*