



Scholarship Application

Family Name _____

Address _____

City, State & Zip Code _____

Enrolled Since _____

Student Name & Grade _____

Student Name & Grade _____

Student Name & Grade _____

Student Name & Grade _____

OVERVIEW OF SCHOLARSHIP CRITERIA:

- Financial Need: Must qualify for a financial discount through FACTS Grant & Aid Assessment. Apply online at www.factstuitionaid.com. Fax supporting documents to 866-315-9264 to speed up the application process.
- Have met Christian Life School's financial requirements. (Refer to the Financial Policies Agreement & Parental Contract.)
- Commitment and support for Christian Life Policies. (Refer to the Standards of Conduct All Student Pledge form.)

Annual tuition amount your family budget can support: \$ _____ which could be paid over the period of _____ months.

Please explain the financial need:
