

APPLICATION STUDENT AID FOR EDUCATION

Phone: (760) 779-1799 Fax: (760) 779-0179

A Partnership for Christian Education
ENROLLMENT YEAR
to

| Student Name | | | | | |
|---|---|----------------------------|---|--------------------------|----------|
| | Last | First | | Middle | |
| Parent's Name | Last | First | | Middle | |
| | | | | | |
| | Last | First | | Middle | |
| Home Address | Street Address or Post Office Box | Apartment : | City | State | Zip |
| Phone Number | | | Your Maximum Month | | 2.10 |
| | | | Tour Maximum Month | ny Γ αγιποπι. ψ | |
| | d For Education (SAFE) is a pa designed to make a Christian e financial help. | | | | |
| | that you complete all the require-served basis. <i>Incomplete appli</i> | | | scholarships are award | led on a |
| parents who students who students who students who citizenship. | meet the following criteria will demonstrate a clear financial no have modeled respect for aut have maintained a C average | ieed, hority, their | peers, themselves, ar | nd property, and | e and |
| | ation er children do you have? e attending a Christian Elementar | | High School | or College? | |
| Please enclose help, a brief de | Ild will be considered for the SA e, with this application, a financ escription of your assets and well as a copy of your most rec | ial letter th liabilities, | at explains why you a along with your mor | re seeking this financia | |
| campus next so | nation ust write an age appropriate lett chool year. Examples of these a lities, spiritual gifts, athletic and | assets could | l include (but are not l | limited to) academic sk | |
| Application Ch | necklist | | | | |
| Parents | s' Financial Letter | F | decommendation lette | r from pastor | |
| Parents | s' Tax Return | | Student Letter | | |
| | | | Recommendation lette | er from teacher | |