

STUDENT SCHOLARSHIP APPLICATION FORM

CENTRAL VALLY CHRISTIAN SCHOOL

The Bill & Linda Tos Jr. Family Foundation values Christian education and so endeavors to help families who want their children to attend Christian schools by awarding tuition scholarships. The Foundation considers a variety of factors in deciding whom to award scholarships, including but not limited to: financial need (as demonstrated within the application), church life, and commitment to Christian education.

INSTRUCTIONS: Please fill in and complete the following application forms. To be considered to receive a tuition scholarship, mail your completed application, a copy of your last filed 1040, 1040EZ or 1040A forms and a letter of recommendation from a church pastor to:

The Bill & Linda Tos Jr. Family Foundation
P.O Box 479
Laton, CA 93242-9998

By submitting an application, you are entering yourself into consideration, along with other candidates, to receive a scholarship. Submitting an application does not guarantee receiving a scholarship. Note: All information included in this application will remain confidential.

STUDENT INFORMATION *(for households with more than one student applicant, additional student information portions of this application can be found on the last page of the application - each student will be required to fill out a seperate questionnaire)*

FIRST NAME	MIDDLE NAME	LAST NAME
HOME ADDRESS	APT	CITY
		STATE
		ZIP CODE
HOME PHONE (include area code)	CELL PHONE (include area code)	EMAIL ADDRESS
GENDER	DATE OF BIRTH	BIRTHPLACE
		PRIMARY GUARDIAN(s)

SCHOOL INFORMATION

PRESENT SCHOOL: _____
 PRESENT GRADE LEVEL: _____

PARENT/GUARDIAN INFORMATION

FIRST NAME	LAST NAME	AGE	RELATIONSHIP TO STUDENT
HOME ADDRESS	APT	CITY	STATE
			ZIP CODE
HOME PHONE (include area code)	CELL PHONE (include area code)	EMAIL ADDRESS	

EMPLOYMENT INFORMATION (select all that apply) EMPLOYED SELF-EMPLOYED UNEMPLOYED

NAME OF EMPLOYER/COMPANY	POSITION	ANNUAL SALARY	YEARS EMPLOYED
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EDUCATION (indicate highest completed) HIGH SCHOOL SOME COLLEGE COLLEGE GRADUATE POST GRADUATE

CURRENT MARITAL STATUS: SINGLE MARRIED DIVORCED SEPERATED WIDOWED

PARENT/GUARDIAN INFORMATION (optional)

FIRST NAME	LAST NAME	AGE	RELATIONSHIP TO STUDENT	
HOME ADDRESS	APT	CITY	STATE	ZIP CODE
HOME PHONE (include area code)		CELL PHONE (include area code)		EMAIL ADDRESS
EMPLOYMENT INFORMATION (select all that apply) <input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> UNEMPLOYED				
NAME OF EMPLOYER/COMPANY	POSITION	ANNUAL SALARY	YEARS EMPLOYED	
EDUCATION (indicate highest completed) <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> COLLEGE GRADUATE <input type="checkbox"/> POST GRADUATE				
CURRENT MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPERATED <input type="checkbox"/> WIDOWED				

PARENT/GUARDIAN INFORMATION (optional)

FIRST NAME	LAST NAME	AGE	RELATIONSHIP TO STUDENT	
HOME ADDRESS	APT	CITY	STATE	ZIP CODE
HOME PHONE (include area code)		CELL PHONE (include area code)		EMAIL ADDRESS
EMPLOYMENT INFORMATION (select all that apply) <input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> UNEMPLOYED				
NAME OF EMPLOYER/COMPANY	POSITION	ANNUAL SALARY	YEARS EMPLOYED	
EDUCATION (indicate highest completed) <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> COLLEGE GRADUATE <input type="checkbox"/> POST GRADUATE				
CURRENT MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPERATED <input type="checkbox"/> WIDOWED				

FINANCIAL INFORMATION

HOUSEHOLD ADJUSTED GROSS INCOME (tax form 1040 line 37, 1040A line 21, 1040EZ line 4) \$ _____

HOUSING STATUS: OWN RENT

MONTHLY MORGAGE/RENT: \$ _____

ALL OTHERS LIVING IN HOUSEHOLD

FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE	AGE	OCCUPATION/SCHOOL
FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE	AGE	OCCUPATION/SCHOOL
FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE	AGE	OCCUPATION/SCHOOL
FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE	AGE	OCCUPATION/SCHOOL

CERTIFICATION SIGNATURE:

I understand that the information I have provided on this application is confidential between myself and the Bill and Linda Tos Family foundation. I certify that the income information I provide is true and correct, all income is reported and that I have provided a true and accurate verification of my annual household income. I understand that the deliberate misrepresentation of the information will result in the scholarship being denied or terminated. I understand that the grant payments will continue for one year only as long as the student is enrolled at the school, the student's family continues to meet the scholarship income guidelines, and the student's family makes all the required payments on the tuition. Any unused portion of the scholarship award, for whatever reason, must be refunded to the Bill & Linda Tos Family Foundation. Further, I understand that the scholarships are awarded according to the prioritized selection of the qualified applicants, as per the guidelines, and that the scholarship awards are made in the sole discretion of the Bill & Linda Tos Family Foundation, and all decisions are final. I agree to have my child's past and current progress reports released by the school to the Bill and Linda Tos Foundation for program evaluation. I release the Bill and Linda Tos Family Foundation and its Board of Officers and Directors, from any liability in its efforts to provide 1-year educational grants at the sole discretion of the Bill & Linda Tos Family Foundation.

STUDENT SIGNATURE: _____

PRINT

SIGNATURE

DATE

/ /

PARENT/GUARDIAN SIGNATURE: _____

PRINT

SIGNATURE

DATE

/ /

PARENT/GUARDIAN SIGNATURE: _____

PRINT

SIGNATURE

DATE

/ /

PARENT/GUARDIAN QUESTIONNAIRE

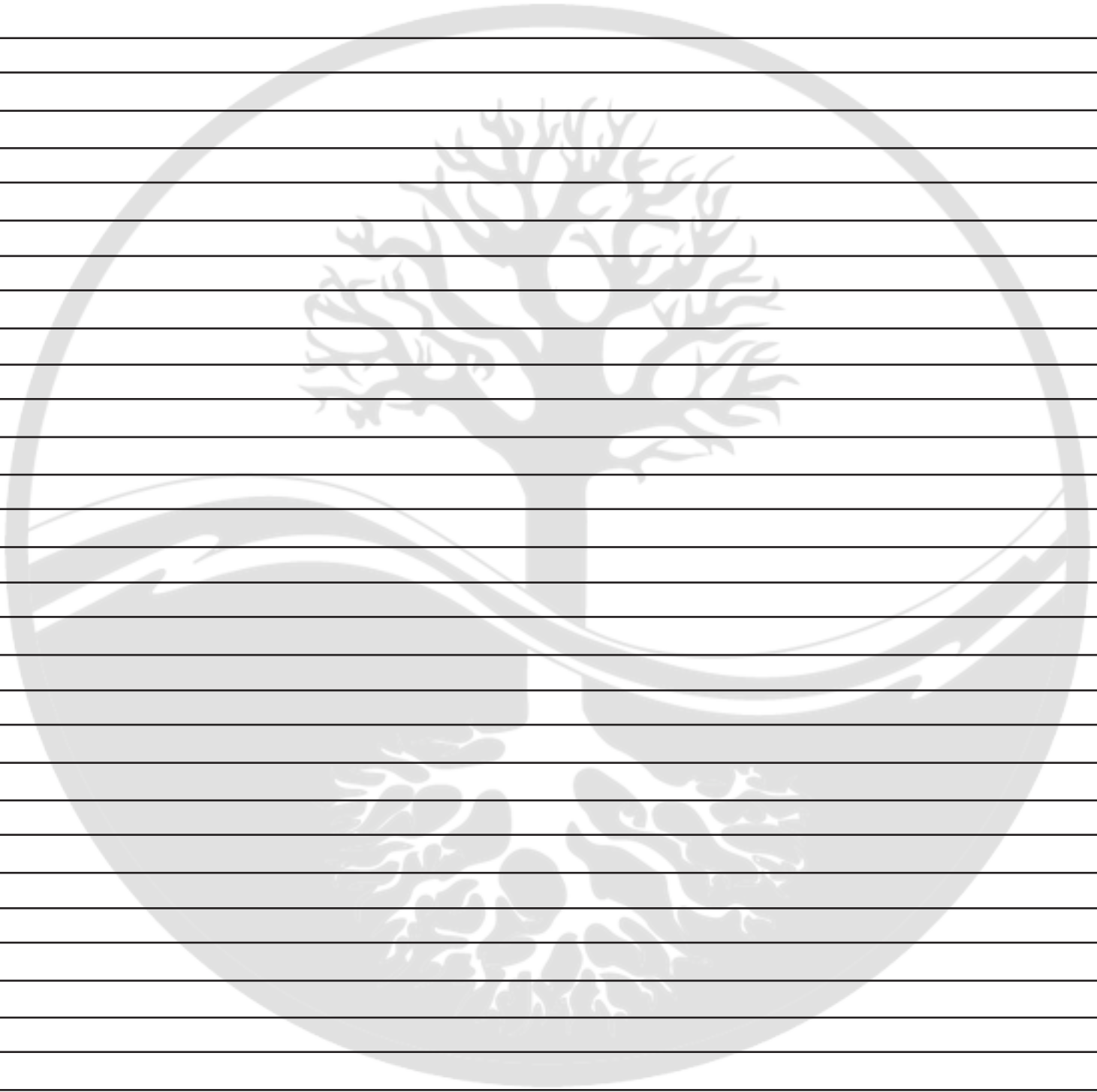
How did you hear about the Bill and Linda Tos Family Foundation?

What qualities does your child exhibit that make him/her a good candidate for a scholarship?

How do you feel your child will benefit from attending a Christian School?

Do you regularly attend a church? What activities do you participate in at church?

Use this space to explain any special circumstances and/or expenses (i.e., filed for bankruptcy, extraordinary medical expenses, recent loss of employment, tuition or educational costs, child support (paid or unpaid) by parent not residing in household, etc)



STUDENT APPLICANT QUESTIONNAIRE

STUDENT NAME

List your hobbies, talents, and interests:

List any other activities you do outside of school:

List any academic honors, awards, prizes and/or scholarships you have received over the last two years:

Who is your role model? Why?

ADDITIONAL STUDENT APPLICANTS (optional)

1

FIRST NAME

MIDDLE NAME

LAST NAME

HOME ADDRESS

APT

CITY

STATE

ZIP CODE

HOME PHONE (include area code)

CELL PHONE (include area code)

EMAIL ADDRESS

GENDER

DATE OF BIRTH

BIRTHPLACE

PRIMARY GUARDIAN(s)

STUDENT SCHOOL INFORMATION

PRESENT SCHOOL: _____

PRESENT GRADE LEVEL: _____

2

FIRST NAME

MIDDLE NAME

LAST NAME

HOME ADDRESS

APT

CITY

STATE

ZIP CODE

HOME PHONE (include area code)

CELL PHONE (include area code)

EMAIL ADDRESS

GENDER

DATE OF BIRTH

BIRTHPLACE

PRIMARY GUARDIAN(s)

STUDENT SCHOOL INFORMATION

PRESENT SCHOOL: _____

PRESENT GRADE LEVEL: _____

3

FIRST NAME

MIDDLE NAME

LAST NAME

HOME ADDRESS

APT

CITY

STATE

ZIP CODE

HOME PHONE (include area code)

CELL PHONE (include area code)

EMAIL ADDRESS

GENDER

DATE OF BIRTH

BIRTHPLACE

PRIMARY GUARDIAN(s)

STUDENT SCHOOL INFORMATION

PRESENT SCHOOL: _____

PRESENT GRADE LEVEL: _____