

Worthington Christian School

1770 Eleanor Street Worthington MN 56187

Phone: 507.376.4861 Fax: 507.376.4185

Email: wcswarriors@iw.net

WCS Financial Aid Application

Name: _____

Date: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Number in your family/household: _____

Mother works: yes ___ no ___ not applicable ___

Father works: yes ___ no ___ not applicable ___

Mother's place of employment: _____

Father's place of employment: _____

Annual household income: _____

Please state any other financial assistance you receive: _____

Please provide three character/personal references, including your pastor:

1. _____

Phone: _____

2. _____

Phone: _____

3. _____

Phone: _____

Name of home church: _____

Do you attend regularly? Yes _____ No ___

Why do you want your child(ren) enrolled in the Worthington Christian School? _____

Educating children in the light of God's Word and preparing them for a life of service to God,
to His Creation, and to their community.

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Parents - Please describe your relationship with the Lord:

Father: _____

Mother: _____

| | | |
|-----------------------------------|-----------|-----------|
| Name(s) of your child(ren): _____ | Age _____ | M/F _____ |
| _____ | Age _____ | M/F _____ |
| _____ | Age _____ | M/F _____ |

How much money from the Scholarship Fund do you feel you need? \$ _____

Is your family facing any hardships or extenuating circumstances that we should know about when considering your scholarship application? _____

If your child has attended another school prior to WCS, please include a copy of his/her report card, attendance record, and discipline records with this application.

Father's Signature: _____

Mother's Signature: _____

Note: The School Board and/or Administration reserves the right to request more information as deemed necessary.

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