

**Worthington Christian School**

1770 Eleanor Street, Worthington, MN 56187

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**WCS Financial Aid Application**

Date of Application: \_\_\_\_\_

***\*DUE BY 27AUG2019\****

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

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 provide a character/personal reference:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Do you have a home church? If so, please share the name of the church you affiliate with:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father/Guardian's Signature: \_\_\_\_\_

Mother/Guardian's Signature: \_\_\_\_\_

*Note: The WCS School Board and/or Administration reserves the right to request more information as deemed necessary, as well as the right to decline financial aid gifts. Please note that any financial aid is considered assistance only and families still bear the responsibility for all financial obligations, including remaining tuition, all student fees, and active participation in school fundraising and committee work.*

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