Worthington
CHRISTIAN SCHOOL

1770 Eleanor Street
Worthington, MN 56187
Office phone: 507.376.4861
worthingtonchristianschool.org

Scholarship Fund Application

Parent/Guardian Name(s): _____ Date of Application: _____

Address: _____ Phone: _____

Number in your family/household: _____

Mother works: yes ___ no ___ Mother's place of employment: _____

Father works: yes ___ no ___ 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 are affiliated with:

_____

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

_____

_____

_____

Names of your child(ren):

_____ Age _____ M/F _____

_____ 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: _____ Date: _____

Mother/Guardian's Signature: _____ Date: _____

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. 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.