

SCHOLARSHIP APPLICATION 2012-2013

Kindergarten - Eighth Grade
670 S. Highland Street
Memphis, TN 38111
(901) 323-1344 - Fax (901) 458-5215



APPLICATION PROCESS

1. Complete the ENROLLMENT APPLICATION and submit it with the REGISTRATION FEE

REGISTRATION FEE (Non-refundable)

Returning Students	New Students
\$75	\$125
\$125 (after May 1)	\$150 (after May 1)

2. Complete the SCHOLARSHIP APPLICATION and submit it with the following forms
 - a. Copy of the 2011 W2 for each place of employment of every wage earner
 - b. Copy of the completed 2011 Federal Income tax return
 - c. Completed IRS Form 4506-T (Found on our website or in this packet)
 - d. OPTIONAL- Personal statement expressing unique or changed circumstances
3. You will be notified by mail of your award amount within 21 days
4. Sign and return the ENROLLMENT CONTRACT after your award has been given. You have not accepted your scholarship until this form has been returned. All unaccepted scholarships are rescinded after 30 days if the ENROLLMENT CONTRACT is not returned.

DEADLINES

Priority Consideration – April 30, 2012

Scholarship deadline August 31, 2012

75 Years of Innovative Education
1937 - 2012

How many adult wage earners are there in your house? _____

**PRIORITY DEADLINE
APRIL 30, 2012**

Please complete the following information for EACH adult wage earner.

Part A: Parent or Guardian Information

This information is for (circle one) **Father** **Mother** **Stepmother** **Stepfather** **Grandparent** **Other**

Last Name First Name Middle Initial

Social Security Number Marital Status S/D/M Home address (with city and zip)

Your occupation/job title Your place of work Phone at work

Your employer's address May we call you at work?

Part B: Second Parent or Guardian Information

This information is for (circle one) **Father** **Mother** **Stepmother** **Stepfather** **Grandparent** **Other**

Last Name First Name Middle Initial

Social Security Number Marital Status S/D/M Home address (with city and zip)

Your occupation/job title Your place of work Phone at work

Your employer's address May we call you at work?

Part C: Family Information

How many family members will be in your household during the next school year? _____

Please give the number of: parents _____ children _____ other adult wage-earners _____

Part D: If you are divorced or separated, complete this section

Date of divorce/separation: _____ Name of former spouse _____

Amount of child support you receive _____ Date child support will end _____

(turn this page OVER)

Part E. Please list all children for whom you are paying tuition at any school

Last Name	First Name	Grade	Name of School	Amount of tuition

Part F. Your income. YOU MUST INCLUDE A PHOTOCOPY OF THE INCOME TAX RETURN YOU FILED THIS CURRENT SPRING. YOU MUST ALSO PROVIDE ALL COPIES OF W2'S. IF YOU DID NOT FILE INCOME TAX LAST YEAR, YOU MUST ENCLOSE A NOTORIZED LETTER FROM YOUR EMPLOYER OR SOCIAL WORKER VERIFYING THE AMOUNT OF YOUR INCOME. YOUR APPLICATION WILL NOT BE CONSIDERED UNTIL WE HAVE THIS INCOME VERIFICATION.

of exemptions claimed last year _____ # of exemptions you will claim this year _____

Total income of household last year: _____ Expected income this year: _____

Other wage earner income last year: _____ Expected income this year: _____

Self-employment income last year: _____ Expected income this year: _____

Other income (dividends, interest, alimony, etc.) last year _____ this year _____

Amount of: Child support _____ AFDC _____ Food Stamps _____

Social Security/SSI _____ Rent Subsidy _____

Do you: Rent ___ Own ___ your home? What is your monthly payment amount? _____

Do you own stocks, bonds, or any real estate other than your home? _____ Value is _____

TOTAL INCOME FROM ALL SOURCES: _____

Please read this statement carefully before signing this application!

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT, AND THAT IT IS A TRUE AND ACCURATE STATEMENT OF MY FAMILY'S FINANCIAL SITUATION. I HAVE ENCLOSED COPIES OF MY CURRENT TAX RETURN TO VERIFY INCOME AMOUNTS. I UNDERSTAND THAT FALSE INFORMATION WILL DISQUALIFY ME FROM RECEIVING SCHOLARSHIP ASSISTANCE. IF I AM AWARDED A SCHOLARSHIP I UNDERSTAND THAT TUITION PAYMENTS MUST REMAIN UP TO DATE, OR MY CHILD'S SCHOLARSHIP MAY BE REVOKED.

Parent name and Signature _____ Today's Date _____

Name of child for which you are applying
Please make sure you have completed this entire application. Incomplete applications will not be considered. Scholarship grants are made on a first-come, first-served basis. Blank spaces will delay the scholarship award process.

For School Office Use Only:	
Other Grants/Scholarships Awarded	Amount
_____	_____
_____	_____
_____	_____