

**RETURN THIS FORM TO HEIRWAY TO INITIATE APPLICATION FOR GCSSF SCHOLARSHIP**



<b>APPLICANT INFORMATION</b>			
Parents Name(s) requesting financial assistance			Date
Last	First	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Applicant's name(s)		Grade (2010-2011)	
Applicant resides with:		Name of public school student is currently enrolled:	
Are you a citizen of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Circle:    Parents Married    Parents Separated    Parents Divorced    Father Deceased    Mother Deceased			

<b>LIST ANY OTHER DEPENDANT CHILDREN:</b>	
Name	Age
Name	
Name	
Name	
Name	

<b>FINANCIAL NEED</b>	
What is the amount of tuition that your family could afford to pay monthly? If more than one child (Grades 1-12) is applying for assistance, please write the monthly amount for each applicant you would be willing to pay	Amount
Child's name	
Child's name	

<b>DISCLAIMER AND SIGNATURE</b>	
We declare that the information represented on this form, to the best of our knowledge and belief, is true, correct, and complete.	
Signature of Parent(s)	Date
_____	_____
_____	_____

