



SCHOLARSHIP APPLICATION

2018- 2019

Please complete a separate application for each child being enrolled.

FAMILY INFORMATION

Student's Name: _____ Birth Date: _____
Last First Middle

Student's Address: _____ City/State/Zip: _____

Student's Telephone Number: _____ Incoming Grade: _____

Mother's or Female Guardian's Name and Occupation: _____

Father's or Male Guardian's Name and Occupation: _____

Name of neighborhood Public/Charter School: _____
(Information can be found at https://webapps.philasd.org/school_finder/)

FINANCIAL INFORMATION

Name of child being enrolled must appear as a dependent on the income statement provided. Married couples filing separately must attach both forms. Failure to provide these attachments will result in an incomplete application that will not be processed.

Head of Household Name: _____
Last First Middle

Tax Reporting Filing Status: ___ Married ___ Married Filing Separately ___ Single ___ Head of Household

Number of People in Household: Adults: _____ Children: _____ Number of Dependents: _____

Employment Status: ___ Full-Time ___ Part-Time ___ Unemployed ___ Stay at Home ___ Student ___ Retired

2017 Adjusted Gross Income _____ 2017 Gross Income _____

Verification of yearly income is mandatory to receive financial aid from Cornerstone. To verify income please attach copies of your 2017 Form 1040 tax return and/or other supporting proof of yearly income, such as a benefit statement for SSL, SSDI, Unemployment, Public Assistance, or a notarized income verification letter from your employer. A W-2 is not acceptable.

Do you anticipate any decrease in your 2018-19 household income? ___ Yes ___ No

If, yes, please explain: _____

STUDENT ACADEMIC INFORMATION

Name, address, and phone number of the school the student attended in 2017-18:

Name of School Administrator: _____

Student current Grade Point Average or equivalent: _____

TUITION INFORMATION

Tuition for one (1) year at Cornerstone Christian Academy: **\$6,500**

Other educational expenses (uniforms, books, supplies, fees, etc.):

Financial aid applied for or already received (list source and amount): _____

SIGNATURE (Required)

I certify that all the information provided on this application is true and complete to the best of my knowledge. I agree to provide proof that the statements made in this application are true and I acknowledge that failure to do so will invalidate any scholarship that might be awarded.

Signature of Parent/Guardian: _____ Date: _____

Name of school's staff person processing application: _____

Date processed: _____

If you have any questions, please contact Mrs. Rhonda Roberts, Office Manager, at 215-724-6858, ext. 221.