

Full Name:

Name(s) of Child(ren):

Address:

City, State, Zip:

Phone

Email:

Number in household: Adults ____ Children ____ Infants ____

Monthly household income (estimated):

Occupation(s):

____ Rent or ____ Mortgage Monthly cost \$ _____

How much of a scholarship are you seeking?

____ 25% ____ 50% ____ 75% OR \$ _____

In a few words, explain your reasons for seeking a scholarship:

By signing below I affirm that I understand and agree that:

1. All the information I have provided is truthful and accurate to the best of my knowledge.
2. Submission of this application is not a guarantee that I will receive any specific amount of scholarship for my child(ren).
3. Scholarships are given on an "at-will" basis and that SSYO is under no obligation to extend scholarships to any person.
4. Failure to maintain current payments on monthly fees may result in the removal of future scholarships.

Signature: _____ Date: _____