



## Scholarship Application

Application Status:  New  Previously applied/not received,  Previously applied & received scholarship  
 (Please write for what program, total previous financial grants given and the dates)

Child's information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender:  M  F School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about the scholarship?  School Flyer  Drive By  Newspaper  Friend: \_\_\_\_\_  
(Please Print Name)

This information is for statistical purposes only and is used to help secure funding for our programs. Answers are confidential.

Please answer all questions.

Child lives with:  Mom & Dad  Mom Only  Dad Only  Grandparent  Other: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_ Number of Individuals Living in Household: \_\_\_\_\_

Do you qualify for: \_\_\_\_\_ FREE Lunch \_\_\_\_\_ Reduced Lunch \_\_\_\_\_ Neither

Is your child the beneficiary of any other free or reduced cost social services/programming? (Please list) \_\_\_\_\_

Is parent/guardian a member of the military?  Yes  No If yes, which branch: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address \_\_\_\_\_

On the back of this application please tell us how this scholarship will benefit your child.

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I certify that all information on this form is true and correct to the best of my knowledge, and that all income is reported. I understand that this information is being given as a request for financial assistance, and that the Friends of Fallbrook Community Center has the right to verify this information, and that deliberate falsification of information will result in denial of application. By signing this document I understand that should I be awarded a scholarship I may be required to complete a survey and provide a thank you letter at the completion of the program. I also give consent for photographs in which my child may appear to be used in any legal way the Friends of the Fallbrook Community Center (FFCC) may wish to use them. I understand that FFCC has a limited amount of funding available for scholarships, so regardless of qualifications, no applicant is guaranteed any financial assistance. Scholarship awards take many things into consideration and awarding of grants is at the sole discretion of FFCC with no guarantees otherwise.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

New/Renewal: _____	Expiration Date: _____	Processed by: _____
Approved: ___	Denied: ___	Comments: _____