

<u>Christian Educational Consortium Scholarship Application</u> <u>2024-2025</u>

This application (with all accompanying documents) must be submitted by <u>July 15, 2024</u>, in order to be considered.

Parent Information:

Date of Application D	NameAddress CityState ZipPhone Email Date Received (office use only) past, please give details:
CityState ZipPhone Email Names and ages of children in the family Date of Application D	CityState ZipPhone Email Date Received (office use only)
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For how many classes are you seeking scholarship	o assistance in 2024-2025?
Students seeking scholarship assistance at CEC:	
Student 1:	
Full Name	Date of Birth
Grade Current CEC student Y/N	
Please list the CEC classes this student will be regi	istering for in the coming school year (2024-2025):
Has this student already registered at CEC for the	2024-2025 school year: Y / N
Student 2:	•
	Date of Birth
Grade Current CEC student Y / N	
	istering for in the coming school year (2024-2025):
riease list the CLC classes this student will be regi	istering for in the confining school year (2024-2023).

Has this student already registered at CEC for the 2024-2025 school year: $\,$ Y / N $\,$

(Attach a separate sheet for additional students seeking scholarship)

Required Supporting Documents:

- Detailed copies of all pages and schedules of your most recent Federal Income Tax Return which lists the student as a dependent. (This information is shredded after scholarship consideration)
- Two letters of recommendation from teachers, pastors, or someone else who has supervised this student.
- Letter of explanation for need-please include any unusual or extenuating circumstances that would affect the committee's decision for scholarship award.

Parent Participation Preference:

Parents of scholarship recipients are REQUIRED to be involved at CEC. At least ten hours of volunteer service will be required. Please indicate your preferences from the list of categories below.

- o Help in the CEC office
 - o Assemble guideline booklets in August
 - o Assemble family directories in September/October
 - o Any
- o Help with on-campus monitoring of students
- Help monitor students at SAMs Club during lunch
- Other (please indicate an area of special interest or expertise through which you would like to help CEC)

I/we declare that the information on this form is true, correct, and completed to the best of our knowledge. Only the scholarship committee of the Christian Educational Consortium's board of directors will see or receive any information about this application or its attachments.

Father's Signature	
Mother's Signature	Date

Please submit this application with ALL supporting documents in one envelope to

Toma Smith, Scholarship Committee Christian Educational Consortium 2230 E Hwy 42 LaGrange, KY 40031

Questions? See next page first. For additional questions toma@smith.net or 502-727-3086

Important Information Concerning Scholarship Assistance at CEC

- All donor information and scholarship recipient information is kept private.
- As a scholarship recipient family, you will be expected to volunteer at the school 7 total hours in Quarter 1 and 2 together for funds received in the first semester. Another 3 total hours of volunteer hours is expected in Quarter 3 and 4 for funds received in the second semester.
- Scholarship funds are NOT awarded for the CEC fee of \$450, the \$50 fee payable to the teacher to hold a class, or any class fees.
- Scholarship funds are awarded to cover the remaining balance of a class payable to the teacher.
- Scholarship monies will be given as long as we have the available funds.
- Scholarship applicants must have registration paperwork submitted before being considered for a scholarship.