Applicant # :

Full Circle School

PO BOX 93

Rice, VA 23966

**Scholarship Application**

Submit completed application and information below to the school office within 5 days of submitting your registration forms. Applications received will be considered in the order received and as funds allow. Application must be complete to participate in this sliding scale or receive scholarships.

***Please checkmark and ensure that at least 2 of the 4 options below are included with your application:***

 Most recent Income Tax Return form

 Last/previous month’s pay-stubs or a statement from employer with gross earnings for previous month

 Copy of any benefit checks or a copy of recent bank statement

  If no/limited income or receiving public assistance, provide information from Department of Social Services

# Applicant Name:

**Student Name(s):**

**Address:**

**Telephone Number:**

**Email:**

Please note that it is our intent to keep personal information private during the review process. Each application is assigned a number and name and information above is not included in the review process.

*I hereby state and verify that all information included herein is true and correct to the best of my knowledge. I understand that should Full Circle Education Center find this information to be incorrect, any scholarship funding that has been awarded on my request can be withdrawn.*

Signature Date

*Full Circle Education Center does not discriminate does not discriminate against employees, students, or applicants on the basis of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law.*

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# Household Income

Please list all sources and amounts of income for the household including, but not limited to: salary and wages, tips, child support, alimony, unemployment income, disability income, investment income, rental income.

# What is your total estimated annual income before taxes? Household Expenses

Please list regular monthly expenses for the household including, but not limited to: housing, transportation, medical care/insurance, groceries and household goods, child care, entertainment.

# Household Assets

Please list all assets for the household including, but not limited to: houses, land, vehicles, investments.

# Household Members

Please list the number of members of your household and their ages.

# How much do you think you can afford each month for tuition? $

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# Please state why you are seeking assistance and list any special circumstances we need to be aware of in making decisions regarding your application. (attach additional sheets if necessary):

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| --- | --- |
| *For FCEC Use Only* |  |
| Date Application Received |  |
| Lead-Teacher’s Recommendation |  |
| Board Decision | Amount awarded |
| Family notification letter sent |  |