



## Administrator's Scholarship Application

### Applicant Information

Parent's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Yes, I have applied for the Hope Scholarship for my children (grades K-12) if applicable.

☐ Yes, I have applied for the EdChoice Scholarship.

### Family Information

Please list the names and grades of your children attending East Richland Christian Schools

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Family address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Financial need: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please return the completed form to the school office marked "Attention ERCS Administrator".)

Deadline—July 1st