



FAMILY SCHOLARSHIP APPLICATION

Applicant Information

Full Name: _____ Date: _____

☐ Yes, I have applied for the EdChoice or Hope Scholarship for my children (grades K-12)

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: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Signature: _____ Date: _____