



SCHOLARSHIP APPLICATION OUT OF STATE

Applicant Information

Full Name: _____ Date: _____

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

No, my children do not fall into the Hope Scholarship guidelines.

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