

HOLY TRINITY EPISCOPAL PARISH
EPISCOPAL DAY SCHOOL

Old Greenville Highway • Clemson, SC 29631 • Church: (864) 654-5071 • School: (864) 654-0298

APPLICATION FOR SCHOLARSHIP ASSISTANCE

REQUIRED DOCUMENTATION: ATTACH YOUR MOST RECENT TAX RETURN, PROOF OF INCOME (I.E., CHECK STUB), AND VERIFICATION OF CIRCUMSTANCES LISTED BELOW.

CHILD'S NAME _____

DATE OF BIRTH _____ CLASS _____

(Day School Class - number of days per week & age group)

PARENT OR GUARDIAN INFORMATION

PARENT A NAME _____ AGE _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

RELATIONSHIP TO CHILD _____

OCCUPATION _____ WAGE/SALARY _____

EMPLOYER _____ YEARS WITH FIRM _____

WORK PHONE NUMBER _____ PART TIME FULL TIME

PARENT B NAME _____ AGE _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

RELATIONSHIP TO CHILD _____

OCCUPATION _____ WAGE/SALARY _____

EMPLOYER _____ YEARS WITH FIRM _____

WORK PHONE NUMBER _____ PART TIME FULL TIME

TOTAL PERSONS IN FAMILY (Adults and children living in household/address listed above) _____

TOTAL FAMILY INCOME _____

(Include in income: *all* wages of working family members,
all pensions, welfare payments, social security, fellowships,
scholarships, grants, assistantships, alimony, child support, Medicaid, etc.)

Annual
Monthly
Weekly

Explanation of Total Income:

CIRCUMSTANCES:

List/Explain special obligations which create a hardship such as educational expenses, medical expenses, mortgage, car payments, insurance premiums, support of older family members, and others. Indicate dollar costs and circumstances. Use the back of this page if you need additional space. Attach documents to verify the circumstances listed.

\$_____per month

\$_____per year

I declare that the information reported on this form, to the best of my knowledge and belief, is true and correct. You have my permission verify the information reported and/or to contact my employer. I understand that I may be requested to show *additional* proof of income (check stubs) and/or verification of the circumstances listed above if the attachments are deemed insufficient.

Parent or Guardian A

SIGNATURE _____ DATE _____

Parent or Guardian B

SIGNATURE _____ DATE _____