

*Start children off on the way they should go, and even when they are old, they will not turn from it.  
Proverbs 22:6*

## **Lasting Life Scholarship Application**

Parent/Guardian Name:

Parent/Guardian Name:

**Names of All Household Members**

**Current Grade (if applicable)  
Age of Children**

1.  
2.  
3.  
4.  
5.  
6.

Phone Number

Email Address

Mailing Address

**Adjusted Gross Income:** \_\_\_\_\_ **(Please attach proof of income)** \_\_\_\_\_

Other Scholarships/Aid Applied: \_\_\_\_\_

Name/Amount of Scholarships/Aid Received: \_\_\_\_\_

Number of Family Members: \_\_\_\_\_

Reason for Request/Any Special Circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION DEADLINE: May 1st**

***By signing, I agree to the following terms:***

Applications will be reviewed confidentially. Applying is not a guarantee of receiving any form of assistance. Rather, it is an opportunity to share your need with potential scholarship providers.

- **All Prior and Current Charges on Account Are Paid**

Parent Signature

Date

Drop completed form by the CKCA office OR Mail to P.O. Box 847, Great Bend, KS 67530

*All your children will be taught by the LORD, and great will be their peace. Isaiah 54:13*