

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

LLM Scholarship Application

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Names of <u>All</u> Adults/Children in Household	Age of Children	Attending CKCA Current Grade (if applicable)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Phone Number _____

Email Address _____

Mailing Address _____

Adjusted Annual Gross Income: _____

(Please Attach Copy of Income Tax Return)

Other Scholarships/Aid Applied and/or Accepted: _____

Church Scholarship/Aid Applied and/or Accepted: _____

Reason for Request/Any Special Circumstances: _____

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 a potential scholarship provider. Please call (620) 792-2209 with any questions.

- All Current Charges on Account Are Paid

- Book & Pre-Enrollment Fees Are Paid

Parent Signature _____

Date _____

***Application Must be Drop Off at USA Gym Supply Office (319 McKinley) No Later than May 15th
Please Do Not Mail or Email***

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

Name/Amount of Scholarships/Aid Received (OFFICE ONLY): _____