The Rock Academy Scholarship Request Form: 2021-2022

| STUDENT INFORMATION | ***Please reference Birth Certificate for student data*** | | | |
|------------------------------|---|---|---|--------|
| | NAME:(First) DATE OF BIRTH | (Middle) GRADE LEVEL in August 202 | (Last) 1: | |
| | GENDER: FemaleMale | | | |
| | LAST FOUR DIGITS SS#: | | | |
| | NATIVE LANGUAGE: | ETHNICITY: | | |
| | HAS THIS CHILD EVER ATTENDED A PUBLIC SC | HOOL?IF SO, WHERE: District | , Building | , Year |
| | Guardian Signing Tuition Checks | | Guardian of student applyir (court documents required) | |
| | I am the (check one) | | | |
| PARENT/GUARDIAN | NAME:(First) DATE OF BIRTH: | (Middle) LAST FOUR DIGITS SS#: | (Last) | |
| | PHYSICAL ADDRESS: | | | |
| | CITY, STATE, ZIP: | | COUNTY: | |
| | PHONE: | E-MAIL: | | |
| | RELATIONSHIP TO STUDENT: | | | |
| SECONDARY PARENT/GUARDIAN | NAME:(First) DATE OF BIRTH: | (Middle) LAST FOUR DIGITS SS#: _ | | |
| | | | | |
| | | | | |
| | PHONE: RELATIONSHIP TO STUDENT: | E-MAIL: | | |
| | | | | |
| ***ATT | TENTION APPLICANTS: INCOME VERIFICATION A | ND AN INTERVIEW MUST BE COMPLETED TO APPL | Y FOR THE SCHOLARSHIP*** | |
| INCOME | By checking below, you are indicating you will complete the income verification process. Please submit proof of income YES, I believe that I qualify for low income status. I will submit proof of income and interview before scholarship is rewarded. NO, I am not interested in applying for low income status. I either: 1) do not qualify for low income status or 2) do not want my income verified by the program. | | | |
| | What amount are you able to pay per month for your child or each of your children? Please note this does not include the tax credit. The tax credit will be required for each student and will be expected to be paid upon receipt. | | | |
| | | | | |
| Signati | ure of Legal Guardian Signing the Tuition | n Check: | Date: | |