

***Application for Financial Aid  
Prentiss Christian School***

Name: \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street & Number City State Zip

Birthplace: \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
Month Day Year

Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_ Race \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade \_\_\_\_\_

Current Academic Average: \_\_\_\_\_ List below strongest academic subjects:  
\_\_\_\_\_  
\_\_\_\_\_

List honors student has received: \_\_\_\_\_  
\_\_\_\_\_

List activities student participates in: (athletics, band, show choir, clubs, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street & Number City State Zip Phone

Occupation of Parents or Guardians: \_\_\_\_\_

Name of Employer (Father): \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Street & Number or P.O. City State Zip  
Telephone Number

Name of Employer (Mother): \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Street & Number or P.O. City State Zip  
Telephone Number

Last Yearly Income of Parents or Guardians: \_\_\_\_\_ (**Please attach your last  
income tax return**)

If separated or divorced, does this parent contribute to support? \_\_\_\_ How Much? \_\_\_\_

Number of Children in Family: \_\_\_\_\_ Ages: \_\_\_\_\_

PLEASE REVIEW OUR MINORITY TUITION SCHOLARSHIP PROGRAM FOR  
ADDITIONAL ITEMS WHICH MUST BE SUBMITTED WITH THIS  
APPLICATION.

**Prentiss Christian School admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship programs and athletic and other school-administered programs.**