



Agape Church School

903 Taylor Place Fallon, NV 89406

Tel: 775-423-3555



Special Circumstance Scholarship Form

The Financial Aid Committee carefully considers several factors including financial need, pastoral recommendation, family financials and demonstrated support of ACS and its mission when disbursing funds to applicants. Applications are due by July 15th and must include the following items to be considered complete:

- Completed Scholarship Application, Volunteer Commitment (Volunteer hours subject to change based on higher percentage awarded.) and Special Circumstance Form.
- Recent pay stub from all people living in the household as well as previous year's tax information (including Adjusted Gross Income).
- Letters of Recommendation

Parent / Guardian Information #1:

Name, Last: _____ First: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Current Employer Information:

Name: _____

Address: _____

Occupation/Job Title _____ Years/Months Employed: _____

Phone Number: _____

Parent / Guardian Information #2:

Name, Last: _____ First: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Current Employer Information:

Name: _____

Address: _____

Occupation/Job Title _____ Years/Months Employed: _____

Phone Number: _____

Student Information (Oldest to Youngest)

Name, Last: _____ First: _____

DOB: ___ / ___ / ___ Grade Entering: _____ Years at ACS: _____

Name, Last: _____ First: _____

DOB: ___ / ___ / ___ Grade Entering: _____ Years at ACS: _____

Name, Last: _____ First: _____

DOB: ___ / ___ / ___ Grade Entering: _____ Years at ACS: _____

Name, Last: _____ First: _____

DOB: ___ / ___ / ___ Grade Entering: _____ Years at ACS: _____

Financial Aid

Please Check all that apply:

Missionary: _____ Full Time Ministry: _____ Single Parent: _____

Financial Hardship _____ Other: _____

Please explain your current financial situation. If necessary, attached additional pages.

Joint estimated monthly income:

Source	Husband Income	Wife Income
Wages, salaries, tips, etc.	_____	_____
Other Income:	_____	_____
Child Support:	_____	_____

In addition to this info please attach a copy of your previous year's tax returns, for all members of your household.

Do you receive any other financial assistance of any kind? Yes _____ No _____

If so, please explain: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

We will be in touch with you after we have a chance to review your scholarship application. If your scholarship is approved, we will send an approval letter. Feel free to reach out to us with any questions or if you have not received your letter within 15 days.

You are important, loved and wanted in Jesus' Name!