



Goddard Center Scholarship and Tuition Assistance Program Application

Students awarded scholarships are allowed one free class per semester. Scholarships are good for one year after submission. Class space is limited and enrollment cannot be guaranteed. The Goddard Center reserves the right to cancel scholarships at any time for any reason. Scholarships are awarded based on merit and financial need.

Instructions:

- Complete both sides of this application.
 - Please attach a copy of one or more of the following:
 - Previous month's pay stubs for all wages earned in the family
 - Reference letter from one of the following: Pastor, School Official or Health Care Provider
 - (Quickest way to get approved)** An award letter from: *Soonercare, SSI/SSDI, Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF)*
 - Send completed application and reference letter to:
 - The Goddard Center
 - PO Box 1624
 - Ardmore, OK 73402
- Or email to joshua@goddardcenter.org

FOR OFFICE USE ONLY

Date Received _____

Class Desired and Class Cost:

Fall 20____
 APPROVED _____
 Amount \$ _____
 DENIED _____
 Signature _____

Winter 20____
 APPROVED _____
 Amount \$ _____
 DENIED _____
 Signature _____

Spring 20____
 APPROVED _____
 Amount \$ _____
 DENIED _____
 Signature _____

Summer 20____
 APPROVED _____
 Amount \$ _____
 DENIED _____
 Signature _____

Summer Camp 20____
 APPROVED _____
 Amount \$ _____
 DENIED _____
 Signature _____

Student Information

First Name: _____ Last Name: _____

Gender: M F Age: ____ Date of Birth: ____/____/____ Grade in School: ____

Name of School: _____

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Please note any health, behavioral, mobility, or learning needs this student has:

How did you hear about our scholarship program? _____

Which classes are this student interested in? _____

Family Status

Please complete the following information:

Number of adults in household: _____ Number of children in household: _____

Total annual household income (check one):

_____ Under \$10,000 _____ \$10,001- \$19,999 _____ \$20,000- \$29,999 _____ over \$30,000

Please indicate any special circumstances that you feel influence your financial situation:

Parent/Guardian Signature

This application must be signed by the student's parent or guardian and the application will not be processed without it. Scholarship applications are reviewed before each class session. Submission of this application does not guarantee a scholarship. Scholarship applications are good for one year. Applicants will be notified upon acceptance.

I understand the terms of this scholarship application.

Signature: _____

Printed Name: _____

Date: _____