

Renewanation Tuition Scholarship Application Form



Student/Family Information

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Name of Public School District in which your family resides: _____

Please list all children applying for RAN scholarship. Only children entering grades K-12 are eligible.

	Child 1	Child 2	Child 3	Child 4
<i>Name</i>				
<i>Date of Birth</i>				
<i>Gender</i>				
<i>Relation to Guardian</i>				
<i>School attended last year</i>				
<i>Grade Level last year</i>				

Please put a check to the left of each statement that is true. **An affirmative answer to all the following questions is required for scholarship eligibility.**

- _____ I am a Virginia resident.
- _____ I certify that the above student(s) is/are entering grades K-12 in the Fall/Spring
- _____ I certify that our family qualifies for the RAN scholarship program according to the income guidelines.
- _____ I agree that my child(ren) may participate in testing to measure learning achievement and results will be reported to The RAN Virginia Scholarship Foundation.
- _____ I promise to ensure at least 90% attendance of my child(ren) or risk the loss of their scholarship.
- _____ I promise to pay my child's school account in a timely and responsible manner. I understand that failure to stay current with payments will result in loss of the Renewanation scholarship funds.

Is this a first time application (circle one)? **Yes** **No** **Reapplication: Year** _____

