

Phyllis Richards Memorial Scholarship Application

For students going into first grade



Contact Information

Parent Name	
Applicant Name (student)(s)	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Family Information

How many children do you have?

- | | |
|----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 6+ |

Family Information Continued

Does the scholarship applicant have siblings that attend LRCS? Yes _____ No _____ How many?

- 1
 2
 3+

Essay

Explain your financial need and why Christian education is a priority for you.

