appF7145a Jack Boerema Scholarship Application Parent or Guardian Information

Parents Names:			
AddressStreet	City		_, MI Zip
Phone:	- ,		'
Church Affiliation			
Name of child to whom this scholarship applies:			
Other children names/ages: Name		Age	
			-
			-
Please submit a complete copy of your prior year tax Please describe any changes in your income since the f increase/decrease in wages) Please list any other sources of income not shown on ta	iling of your prio		
Have you sought financial assistance from other sources	s? (i.e., family,	church, DCS	Tuition Assistance, others?)
Yes No			
If yes, how much assistance have you received and who	om are you rece	iving it from?	
How much assistance do you need?			
I understand that conditions for receiving this scholarship acknowledge that the information contained in this form			
Signed-Father			te
Signed-Mother		<u></u> Da	te

NOTE: This form must be submitted to Dutton Christian Middle School office by April 13. Final determination may be made prior to May 31.