

CFS RB Membership Scholarship Application For School Year 20____ - ____

If your family is facing financial challenges, especially if the primary breadwinner in your household is unemployed, we may have a scholarship available to assist you with your membership fees.

**Please note that scholarships for membership are only available for families privately homeschooling all their children of compulsory school age.*

Parent Name(s) _____ Email: _____

Our family has been a member of a CFS support group since _____.

Are you joining another CFS group this year? ___ Yes ___ No If so, which one? _____
(Please note: If you are part of more than one CFS support group, you are only eligible to receive a scholarship for up to half of the yearly membership fee.)

Check one: We file a private affidavit. _____ We are members of a PSP. _____

The name of our school is: _____

Please briefly indicate why you are in need of a scholarship: _____

Signature of Applicant

Date

Signature of Spouse

Date

*Give completed application to a leadership council member or mail to:
CFS RB, P.O. Box 503174, San Diego CA 92150*

You will be notified via email whether your scholarship has been approved.

For Office Use Only:

Circle: Approved / Not approved

Date:

Amount:

By: