



ARROW'S SCHOLARSHIP APPLICATION

This application is confidential. It will be available only to members of the Scholarship Committee (the secretary, registrar, treasurer and president.) Arrow will retain this document in its confidential files. Supporting documents will be returned to you along with a copy of this form.

Parent / Guardian

Name: _____ Relationship to children: _____

Address: _____ Cell#: _____

Number of Children: _____

Please list circumstances you would like us to consider for a Scholarship for this current semester.

It is not necessary to provide proof of income at this time. If there is a question regarding your income status, someone on the scholarship committee will contact you for more information.

In order to assist as many families as possible we ask that you indicate your level of need.

I, on behalf of my family, request Full scholarship Half scholarship Other \$ _____

I verify, on behalf of my family, that the information provided is accurate and complete to the best of my knowledge. I will notify Arrow immediately if there are any changes in this information.

Parent / Guardian

Signature: _____ Date: _____

Based on the information provided in this application, I have deemed this family:

Eligible: Ineligible: ...for an Arrow scholarship in the amount of \$ _____

Scholarship Committee Signature: _____ Date: _____