



SCCC Scholarship Form

School Year: _____ **Date:** _____

First Name: _____ **Last Name:** _____

Address: _____

Child's Name and Grade: _____

Child's Name and Grade: _____

Child's Name and Grade: _____

Child's Name and Grade: _____

Child's Name and Grade: _____

SCCC will provide your family with a maximum of \$50 per child to help cover your cost of tuition. This amount cannot be used towards your yearly family fundraising.

Amount applying for (only if different than the \$50 per child):

\$ _____

Signature: _____

Updated: 07/18/2014