

Date received

Gentry's Educational Foundation 2024-25 Scholarship Application

Please fill out the application completely. Leaving items blank will result in denial of application. All information provided below will be treated as personal and confidential and is only used in determining scholarship approval.

Student Name:	drade Level bli tildate
Parent/ Guardian Name(s):	
Email Address:	
Phone Number(s):	
Number of dependents in house	ehold
Annual Income \$	_Place of Employment
Please check all that apply:	
\Box Free and Reduced Lunch \Box	Single Parent □Unemployment or Worker's Con
☐ Federal Assistance Program	□ Other
Please list all circumstances you scholarship application:	a would like us to consider when reviewing your
scholarship application: PLEASE READ BEFOR	E SIGNING AND RETURNING TO GENTRY'S:
PLEASE READ BEFOR Scholarships awarded will be p include the registration fee o needed but must be partially co receive a "Scholarship Award L to the email address on file. Yo	
PLEASE READ BEFOR Scholarships awarded will be p include the registration fee o needed but must be partially co receive a "Scholarship Award L to the email address on file. Yo and have a completed registration By signing below, you are agreed complete to the best of your kno the above information is given u agreeing to our scholarship polic regularly and stay for at least are responsible for paying the age	E SIGNING AND RETURNING TO GENTRY'S: artial or full. Scholarship awarded does NOT f \$50.00. This may be paid in weekly installments in lected before child may begin attending. You will etter" within one week of turning in your application must pay something towards the registration fee

□ Approved □ Denied □ FULL □ PARTIAL Amount \$_