

LCC Scholarship Family Information Sheet

Child's Name _____

Parent/Guardian Names _____

How many children in your household? _____

What is your family's household income? _____

Why do you feel a scholarship would benefit your child? _____

How did you hear about program? _____

Office Use Only:

Monthly Tuition _____

Families Monthly Payment _____

Scholarship Amount _____

Program Requesting _____

Approval:

LCC Administrator _____

LCC Program Coordinator _____

LCC Advisory Board Missions Representative _____