

# AMERICAN HERITAGE SCHOOLS, INC.

## Scholarship Application Form

Please complete an application for **one** student per family.

Student's Name:

Grade Level (Next Enrollment Year):

Parent(s) / Guardian:

Home Address:

Street

City

State

Zip

Phone Number: (        )

A. Please list all dependents in order of oldest to youngest. This may include mother, father, stepparent, grandparent, and/or guardian. (Dependent list may be continued on reverse side.)

	Dependent Last Name	Dependent First Name	Date of Birth	Grade	Name of School
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

### Confidential Financial Information

B. County assessed value of home. \$

C. Amount owed on home. \$

D. Amount in checking and savings. \$

E. Amount of other investments. \$

Please return application with attached:  
Signed 1040 form and a written statement of request with reason for request

ALL OF THE ABOVE INFORMATION IS TRUE & CORRECT \_\_\_\_\_  
(signature)

APPLICATION SUBMITTED \_\_\_\_\_  
(Date)