## Request for Scholarship Grant THE LAY FAMILY FOUNDATION

email: LayFamilyFoundation@gmail.com

2023 - 2024

The application is <u>in three parts</u>. The grant committee will only review applications which are complete and submitted before the start of the academic year.

<u>Part One</u> is a Release of Information Form to be signed by the student and both parents, a copy of which is the last page of this Application.

<u>Part Two</u> is a letter from the School, signed by the principal, including the address, phone number and email address of the school, showing the following—the standard tuition, the reduction in the standard tuition that the school will provide as a scholarship for this student (must be at least 15% of the standard tuition), and a copy of the prior year's income and expenses statement for the school, showing actual sources of revenue and actual expenses.

<u>Part Three</u> is the application from the student and parents which is attached. It must be completed, signed by the student and the parents and accompanied by a copy of the last income tax return filed by each parent of the child. If two parents are not involved, please state that so we don't think it is incomplete. If no parent is involved in the application, a guardian may fill out the application, explain the circumstance, and provide a tax return.

The student and parents should turn in their completed Part One, Part Three, and tax return copies to the school office. A separate application must be filled out for each child in your family that is applying for the grant.

The school principal will provide Part Two, and then all completed forms and tax returns will be submitted by the school to The Lay Family Foundation by emailing to: <a href="mailto:LayFamilyFoundation@gmail.com">LayFamilyFoundation@gmail.com</a>. We recommend that schools send one application per email and put the school name and student's name in the subject line.

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### **2023-2024 Application**

Student's Name:			
	First	Middle	Last
Street Address or P.O. Box	City	State	Zip Student's age
Date of Birth://	Social Security	y Number:	2023-2024 Grade:
School attended 2022-2023 sch	ool year:		
School you wish to attend 2023	-2024 school year:		
Did you receive a scholarship for	rom the Lay Family For	undation last year?	☐ Yes ☐ No
List other children of the pawhether or not such other o		_	s is providing support or tuition, student:
<u>Name</u>	Age	Grade level	<b>Tuition Cost</b>
This should include income for bother source of income for bother.	from disability, retirer oth of the parents of the	ment, government benefi he student. <u>If the income</u>	er) determined on an annual basis.  Eits, child support, alimony, and any e information of one of the parents is retax return of both parents.
Other Family Help Availab	le: Amount/Year _	From who	om_
			child's tuition annually? Must be fill
in and must not be $-0$	\$		

#### **Parent/Legal Guardian Information:**

Parent Name:	First	Middle	Last	
Address:				
_	Street or P.O. B	•		Zip
Phone Numbers:	Home//	Cell:	///	
Date of birth:		Social Security Nur	mber:	
Annual Employm	ent/Self-Employment Inco	me: \$ Occi	ipation:	
Employer:		Parent email:		
Parent Name:	Firet	Middle	Last	
	rifst	wildie	Last	
Address:	Street or P.O. B	ox City	State	Zip
Phone Numbers:	Home //_	·	/	1
			umber:	
Annual Employm	ent/Self-Employment Inco	me: \$ Occ	cupation:	
Employer:		Parent email:		
brade point average or eq	uivalent:	<del>2021-2022</del> <del>2020-2021</del>		
		days during the prior scho		es 🗌 No
1 yes, piease explain:				
f you have other inform	ation that you think wou	ld be beneficial for the gra	nt committee to co	nsider, please add
the student and par	ents, understand that th	his school offers a rigoro	ıs academic curr	iculum that will
· _	ommitment, maturity, a	0	as academic cull	will will
swear that the inform	nation contained in this	s Application is complete	and accurate.	
ignature of Student				
ignature of Parent				
Signature of Parent			Date	

#### **RELEASE OF INFORMATION FORM**

To comply with the **Family Educational Rights and Privacy Act (FERPA)**, every school must strive to protect individuals' rights to privacy by limiting the transferability of records without consent.

By completing the following portion of this form the Student and the Parent(s) are giving permission to the school to disclose educational and directory information to the Lay Family Foundation and its employees, officers and directors.

lose my educational re		(fl-	1)
•	ecords and directory info parental requests, and a	ormation for the purp	oose of employment
-	·	-	school's
Student II	O # or Social Security #		
	es, officers and director		
Student's Signature		Date	_
Parent Signature		Date  Date	-
Ü			
	ds office. Please allow  Student II  anizations may have a lation and its employed	ds office. Please allow at least 48 hours for pro- Student ID # or Social Security # anizations may have access to my educational lation and its employees, officers and directors	I can revoke this permission by submitting a written request to the ds office. Please allow at least 48 hours for processing.  Student ID # or Social Security #  anizations may have access to my educational records and directory lation and its employees, officers and directors