



### **Scholarship Application**

Once this form is completed, a Cedars faculty member will reach out for further documentation and information.

Date: Desired Year for Scholarship:

Child's Name:

Parent 1 Name:	Parent 2 Name:
Parent 1 Profession:	Parent 2 Profession:
Parent 1 Employer:	Parent 2 Employer:

Sibling Name:

Where do they attend school:

Amount of Scholarship Requested:

Amount Parents Can Contribute:

How will receiving a scholarship affect your family:

Child's Name:

Scholarship is approved in the amount of:

For the academic year of:

Parent Signature\_\_\_\_\_Date\_\_\_\_\_

Director Signature\_\_\_\_\_Date\_\_\_\_\_