



Scholarship Application

After School / Summer Day Camp Programs

A Ministry of Oasis Church
1730 Curtner Ave, San Jose, CA 95125
408.264.2811
www.kingdomkrew.org
LIC #434403618

Instructions

- Fill out application completely
- Submit completed application to the after school program
- Completed application will be reviewed by the Kingdom Krew administration
- You will receive written confirmation of approval or denial of scholarship within 10-14 business days of date of submission
- Parents may be required to make partial payments as a part of the scholarship agreement

**Scholarship Application
Kingdom Krew**

Date: _____

Name: _____ Email: _____

Spouse Name: _____ Email: _____

Address: _____
Street City State Zip

Main Phone #: _____ How long at this address? _____

Current Employer: _____

Job Title: _____

Supervisor's Name and Title: _____ Phone #: _____

Address: _____
Street City State Zip

Have you applied for childcare subsidy? ☐ Yes ☐ No

Have you received any assistance from any organization in the past year? If yes which organizations?

Need Assessment

Our desire is to appropriately help people with both urgent and non-urgent needs. To help determine the seriousness of your situation and how we might best help, please answer the following:

What is the financial need: How much? _____ How long? _____

Child(ren) for whom assistance is required (requested)

Name	Grade	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the child currently enrolled in Kingdom Krew? ☐ Yes ☐ No

Are there any anticipated changes in your regular income? ☐ Yes ☐ No

Explain: _____

How long has this need existed? _____

What have you tried to do to correct the situation? _____

Has a petition for child support been filed? ☐ Yes ☐ No If not why? _____

How much do you believe you are able to pay per month for Kingdom Krew tuition? _____

How much are family and friends able to contribute toward monthly tuition? _____

Budget Summary

Monthly Income

Provide proof of income

Checking/Savings

Applicant

Spouse

Child Support

Other

Other

Other

Total A. _____

Checking Account(S)*

Savings Account(s)*

Retirement Plan

Invested*

Contingency Fund*

Other*

Total _____

*If cash exceeds \$5000.00 please indicate the purpose for holding these investments in the write up portion on the next page.

Estimated Monthly Expenses

Balance

Months Behind

Monthly Summary

Mortgage/Rent

Second Mortgage

Homeowners/Renters Insurance

PG & E

Telephone/Internet

Cable

Water/Garbage

Car Loan

Car Insurance

Health Insurance

Vehicles (not leased)

Child Care

Credit Card Payments

Gas

Groceries

Entertainment

Eating Out

Savings/Retirement Auto-Deduct

School Loan

Income Tax

Other

Total B. _____

A. Monthly Income:

B. (Less) Expense:

Difference:

Long Term Debt Total:

Savings Total:

Landlord:

Phone #:

Statement of Need – Request for Scholarship

Please provide an explanation of your specific need and why you believe scholarship assistance will meet it. Include any actions you are currently taking to change your circumstances and outline your short and long term plan to improve your situation. Feel free to type your information and include with this document.

Terms & Conditions

The completed scholarship application will be reviewed by Kingdom Krew administrative staff to determine eligibility. You will be notified in writing of the approval or denial of your scholarship request. You should expect the review process to take 10-14 business days following submission of your completed application. You may be required to submit further documentation of finances or other information necessary for an appropriate assessment of eligibility. If so, the review period will begin when all requested documentation has been received.

Tuition assistance awards are allocated based on an analysis of household income and expenses utilizing a standardized model that is applied to all applicants. Tuition assistance awards are dependent upon sufficient donation for Kingdom Krew Tuition Assistance Fund and overall budgetary resources of the program. Families will notify the Kingdom Krew Business Office in the event that their financial situation changes by more than 15% from the current anticipated income reported on this application.

If your request for scholarship is approved you will receive an agreement outlining the amount of the scholarship, any limitations or special requirements, and the duration of assistance. Once you have signed the document it will be kept on file for the duration of the scholarship agreement.

I submit the information contained in this application as a true representation of my finances and personal circumstances.

Signature: _____ Date: _____
Parent/Guardian

Office Use Only

Received by: _____ Date: _____ Reviewed by: _____ Date: _____
Reviewed by: _____ Date: _____ Reviewed by: _____ Date: _____

☐ APPROVED ☐ DENIED Amount: _____ ☐ Annual ☐ Monthly Duration: _____