

# 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:	Ema	il:	
Spouse Name:	e 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 org	anization in the past year? If ye	es which organizations?	
	Need Assessment		
Our desire is to appropriately help people with your situation and how we might best help, ple	ase answer the following:		
What is the financial need: How much?	How	long?	
Child(ren) for whom assistance is required (req	uested)		
Name	Grade	Age	
Is the child currently enrolled in Kingdom Krew	?□Yes□No		
Are there any anticipated changes in your regu	lar income? 🗆 Yes 🛛 No		
Explain:			
How long has this need existed?			
What have you tried to do to correct the situat	ion?		
Has a petition for child support been filed? $\Box$	Yes D No If not why? _		
How much do you believe you are able to pay p How much are family and friends able to contri			

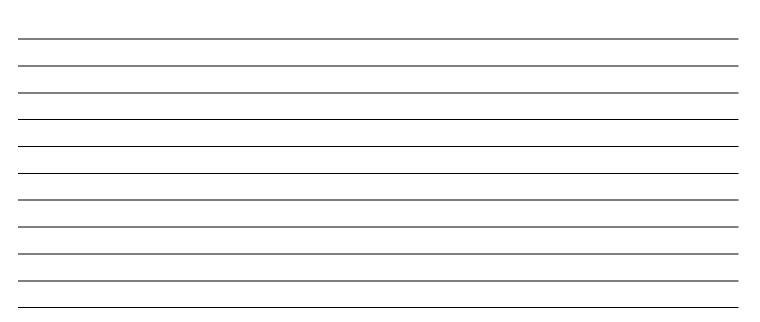
## **Budget Summary**

Applicant	Monthly Income Provide pr	oof of income	Checking/Savings		
Spouse       Indicate the purpose for holding these investments in the wire up portion on the next page.         Other       Invested*         Other       Contingency Fund*         Other       Other*         Total A.       Total         Ketirement Plan       Invested*         Other       Other*         Total A.       Total         Ketirement Plan       Invested*         Mortgage/Rent       Invested*         Second Mortgage       Invested*         Homeowners/Renters Insurance       Invested         Second Mortgage       Invested*         Homeowners/Renters Insurance       Invested*         Savings Account(s)*       Invested*         Water/Garbage       Invested*         Car Ioan       Invested*         Gai Insurance       Invested*         Health Insurance       Invested*         Gas       Invested*         Gas       Invested*         Gas       Invested*         Savings/Retirement Auto-Deduct       Invested*         Savings/Retirement Auto-Deduct       Invested*         Savings/Retirement Auto-Deduct       Invested*         Savings/Retirement Auto-Deduct       Invested*         Savings/Ret	Applicant		Checking Account(S)*		
Child Support       Retirement Plan       Investments in the wnext page.         Other       Invested*       Investments in the wnext page.         Other       Other*       Investments in the wnext page.         Other       Other*       Investments in the wnext page.         Total A.       Total       Investments in the wnext page.         Mortgage/Rent       Salance       Months Behind       Monthly Summary         Mortgage       Investments in surger       A. Monthly Income:         Second Mortgage       Investments in surger       Investments in surger         Homeowners/Renters Insurance       Investments in surger       Investments in surger         Ye & E       Investments in surger       Investments in surger         Gai Loan       Investments in surger       Investments in surger         Gai Loan       Investments in surger       Investments in surger         Gai Insurance       Investments in surger       Investments in surger         Gas       Investments in surger       Investments in surger         Gas       Investments in surger       Investments in surger         Gas       Investments in surger       Investments in surger         Gasing Out       Investments in surger       Investmentsin surger         Gasing Out	Spouse		Savings Account(s)*		indicate the purpose
Other       Invested*	Child Support		Retirement Plan		investments in the
Other       Other*       Image: Constraint of the second works and the second work and the second	Other		Invested*		
Total A.       Total         Estimated Monthly Expenses       Balance       Months Behind       Monthly Summary         Mortgage/Rent	Other		Contingency Fund*		
Estimated Monthly Expenses       Balance       Months Behind       Monthly Summary         Mortgage/Rent	Other		Other*		
Mortgage/RentImageImageA. Monthly Income:Second MortgageImageImageImageA. Monthly Income:Homeowners/Renters InsuranceImageImageB. (Less) Expense:PG & EImageImageImageImageTelephone/InternetImageImageImageImageCableImageImageImageImageImageWater/GarbageImageImageImageImageImageCar InsuranceImageImageImageImageImageHealth InsuranceImageImageImageImageImageChild CareImageImageImageImageImageGasImageImageImageImageImageGroceriesImageImageImageImageImageEntertainmentImageImageImageImageImageSavings/Retirement Auto-DedutImageImageImageImageSchool LoanImageImageImageImageImageIncome TaxImageImageImageImageImageIncome TaxImageImageImageImageImageIncome TaxImageImageImageImageImageIncome TaxImageImageImageImageImageIncome TaxImageImageImageImageImageImageImageImageImageImageImage <t< th=""><th>Total A.</th><th></th><th>Total</th><th></th><th>-</th></t<>	Total A.		Total		-
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Water/GarbageImage: Second	Telephone/Internet				Difference:
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Car InsuranceImage:	Water/Garbage				
Health InsuranceLong Term Debt Total:Vehicles (not leased)Image: Constraint of the sector of the sec	Car Loan				
Health InsuranceImage: Constraint of the section of the	Car Insurance				Long Torm Dobt
Child Care	Health Insurance				_
Credit Card Payments   Gas   Groceries   Entertainment   Eating Out   Savings/Retirement Auto-Deduct   School Loan   Income Tax	Vehicles (not leased)				
Gas   Groceries   Entertainment   Eating Out   Savings/Retirement Auto-Deduct   School Loan   Income Tax	Child Care				Savings Total:
Groceries	Credit Card Payments				
Entertainment Landlord:   Eating Out	Gas				
Eating Out	Groceries				
Savings/Retirement Auto-Deduct	Entertainment				Landlord:
School Loan     Phone #:       Income Tax	Eating Out				
Income Tax	Savings/Retirement Auto-Deduct				
	School Loan				Phone #:
Other	Income Tax				
	Other				

Total B.

#### 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:				
Pa	rent/Guardian					
Office Use Only						
Received by: Reviewed by:		Date: Date:	Reviewed by:     Date:       Reviewed by:     Date:			
□ APPROVED		Amount:	🗆 Annual 🗆 Monthly Duration:			