



## NOORTHOEK ACADEMY APPLICATION FOR SCHOLARSHIP

### Requirements for applying

- Student must be admitted to Noorthoek Academy.
- Student must show verifiable financial need.
- Student must apply for a scholarship each semester that financial assistance is requested.
- Return completed form to: Noorthoek Academy, 143 Bostwick Ave, Grand Rapids, MI 49503

**It is the Academy's policy that only those students who are highly motivated and would otherwise be unable to attend will qualify for limited scholarship funds.**

**I request financial assistance for the semester/ session:**

**FALL** \_\_\_\_\_ **WINTER** \_\_\_\_\_ **20** \_\_\_\_\_

**Student Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

### FINANCIAL INFORMATION

**Do you receive SSI/ SSDI?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Monthly income \$** \_\_\_\_\_

**Do you have a job?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Hours per week** \_\_\_\_\_ **Pay per hour** \_\_\_\_\_ **Weekly pay \$** \_\_\_\_\_

**Household expenses per month \$** \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Employer** \_\_\_\_\_

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**Please list the names of any dependants:**

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**Do you have other sources that could help you with tuition?**

**Name of Community services**\_\_\_\_\_

**Family or friends**\_\_\_\_\_

**If you live with your parents what is their annual income?**\_\_\_\_\_

**Please explain why you feel that you qualify for a scholarship**

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Note: The following information is requested for the purpose of determining compliance with federal civil rights laws and for determining specific scholarship criteria. You are not required to provide this information. Your response will not affect consideration of your application. By providing this information, you will assist us in assuring that programs are administered in a non- discriminatory manner.

**The student is :**

\_\_\_\_\_ **Asian**

\_\_\_\_\_ **Native American**

\_\_\_\_\_ **White/ Non-Hispanic**

\_\_\_\_\_ **Black/ Non-Hispanic**

\_\_\_\_\_ **Hispanic**

\_\_\_\_\_ **Other**

**I understand that even if I am granted a partial or full scholarship, that I would be expected to pay \$50.00 per semester. I also understand that this scholarship is good for one semester or session and that I would need to reapply each semester or session.**

**Signature**\_\_\_\_\_ **Date** \_\_\_\_\_