



Goddard Center Scholarship and Tuition Assistance Program Application

Students awarded scholarships are placed into age-appropriate classes. Requests for specific sessions and classes cannot be guaranteed. The Center reserves the right to cancel scholarships at any time for any reason. Scholarships are awarded based on merit and financial need.

Instructions:

- **Complete this application**
- **Please attach a copy of the following:**
Previous month's pay stubs for all wages earned in the family
- **An award letter from one of the following, if applies:**
Soonercare
SSI/SSDI
Supplemental Nutrition Assistance Program (SNAP)
Temporary Assistance for Needy Families (TANF)
Free/Reduced Lunch
- **Attach or submit a reference letter for the applicant** (Letter valid for one year) (Reference letter from one of the following: Pastor, School Official or Health Care Provider)
- **Send completed application and reference letter to:**
Charles B. Goddard Center
PO Box 1624, Ardmore, OK 73402
Fax: (580) 226-8891
Email:goddardcenter@yahoo.com

FOR OFFICE USE ONLY

Date Received _____

Class Desired and Class Cost:

Fall _____

Scholarship Approved _____

Scholarship Amount _____

Scholarship Not Approved _____

Signature _____

Winter _____

Scholarship Approved _____

Scholarship Amount _____

Scholarship Not Approved _____

Signature _____

Spring _____

Scholarship Approved _____

Scholarship Amount _____

Scholarship Not Approved _____

Signature _____

Summer _____

Scholarship Approved _____

Scholarship Amount _____

Scholarship Not Approved _____

Signature _____

Summer Camp _____

Scholarship Approved _____

Scholarship Amount _____

Scholarship Not Approved _____

Signature _____

Student Information

First Name: _____ Last Name: _____

Gender: M F Age: ____ Date of Birth: ____/____/____ Grade in School: ____

Name of School: _____

Parent/Guardian _____ Name: _____

Mailing _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Please note any health, behavioral, mobility, or learning needs this student has:

How did you hear about our scholarship program? _____

Which classes are this student interested in? _____

Family Status

Please complete the following information:

Number of adults in household: _____ Number of children in household: _____

Total annual household income (check one):

_____ Under \$10,000 _____ \$10,001- \$19,999 _____ \$20,000- \$29,999 _____ over \$30,000

Please indicate any special circumstances that you feel influence your financial situation:

Parent/Guardian Signature

This application must be signed by the student's parent or guardian and the application will not be processed without it. Scholarship applications are reviewed before each class session. Submission of this application does not guarantee a scholarship. Scholarship applications are good for one year. Applicants will be notified upon acceptance.

I understand the terms of this scholarship application.

Signature: _____

Printed Name: _____

Date: _____