APPLICATION

KAARTO
Christian School Foundation

1. Student Name: _____
2. Parent Name(s): _____
3. Address: _____
   Street City State Zip
4. Phone: _____ E-mail: _____
5. Student Grade/Fall Semester: _____
6. School Name: _____
7. Family Church Membership: _____
   Church name and address
   _____
8. Annual School Tuition (after church attendance discount, if applicable): _____
9. Other Family Member Names and Ages: _____
   _____
   _____
10. Your Employer Information and Current Position: _____
    _____

11. Please submit a recent tax return to verify eligibility along with a letter expressing your desire for a Christian education for your child. We do encourage regular church attendance and an acceptable GPA in order to receive annual scholarships.

_____ _____
Signature Date

P.O. Box 181058, Utica MI 48318
Phone: (586) 371-4440, Fax: (586) 371-4442
www.christianschoolfoundation.net

Changing Lives...
One Semester at a Time