



2023-2024 Scholarship Application

Parent/Guardian #1 _____ Occupation _____

Parent/Guardian #2 _____ Occupation _____

Adjusted Gross Income (most recent tax return) _____

* _____ Copy of Tax Return Submitted (Required before decision)

Number of children in the household (under 19) _____ Rent or Own _____

Names/Ages: _____

Home Value: _____ Monthly Alimony Received: _____

Remaining Amount Owed on Home: _____ Monthly Child Support Received: _____

Monthly Government Assistance Received (i.e. TANF, Welfare, etc): _____

Please Explain Reason for Scholarship Request:

Amount Able to Pay – Student 1:

Amount Able to Pay – Student 2:

Amount Able to Pay – Student 3:

Amount Able to Pay – Student 4:

_____ I understand that Parkview Christian operates as a non-profit organization committed to providing both a Christ-based learning environment while also fairly and reasonably compensating teachers and staff for their devotion to this calling.

_____ I understand that any scholarship amount awarded partners with a commitment to complete service hours for the benefit of Parkview Christian. Hours determined by the % of scholarship awarded. Hours are kept by each family and submitted to the Admissions Director. Examples include: Serving at activities, kitchen, fundraisers, cleaning, building and grounds, or other approved opportunities.

*(Office Use Only) We commit to _____ hours of service as part of our scholarship agreement

Signature _____

Date _____

Commitment to Excellence. Every one. Every day.

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