



SCHOLARSHIP APPLICATION

**** Please make sure you have sent your registration form as well****

Date: _____

School: _____

Student Name _____

Parent Name _____

Address _____

City, State, Zip _____

Parent Phone(s): Home _____ **Work** _____

Family Size: Adults _____ **Children** _____

Annual Income (this includes child support)

Are your children eligible for reduced price or free school lunches? (If "Yes" Please enclose a letter from Portland Public Schools stating this).

Yes _____ **No** _____

Date received by A4L staff
