

**Jim and Shirley Suttle Scholarship Fund**

**Application for Tuition Assistance**

(Please use additional pages wherever necessary.)

**Applicant Information** (Application must be received at the address listed before June 1)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Citizenship Status: US Citizen (Y/N) \_\_\_\_\_ Other (explain) \_\_\_\_\_

School You Plan to Attend \_\_\_\_\_

Current Grade \_\_\_\_\_ Application for Grade \_\_\_\_\_ Gender M\_\_ F\_\_ DOB \_\_\_\_\_

Current School \_\_\_\_\_ Dates Attended \_\_\_\_\_

Previous School \_\_\_\_\_ Dates Attended \_\_\_\_\_

\*If you are age 21 or greater, skip to the “**Student Objectives**” section

\*\*If you are a current recipient of tuition assistance from this Fund, please update this application as necessary and skip to the “**Student Objectives**” section.

**Financial Assistance Review:** Please list tuition assistance you expect to receive from other sources including aid or discounts from this school or any other source.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Information**

**Father/Guardian**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_ How long? \_\_\_\_\_

Marital Status: Married\_\_ Separated\_\_ Divorced\_\_ Other \_\_\_\_\_

Address (city/state) \_\_\_\_\_ Phone number \_\_\_\_\_

Please discuss your goals in sending your student to this school:

Father/Guardian \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mother/Guardian**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Position \_\_\_\_\_ How long? \_\_\_\_\_  
Marital Status: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Other \_\_\_\_\_  
Address (city/state) \_\_\_\_\_ Phone number \_\_\_\_\_

Please discuss your goals in sending your child to this school:

Mother/Guardian \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parents**

Please discuss your student's developmental needs, strengths, areas of concern and areas of accomplishment. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brothers or sisters residing in the same household:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Submit documentation of your sibling's full-time attendance at an ACSI member school or a four (4) year post-secondary Christian based institution. (Current grade report, letter from school, transcript, or etc)

**Student Objectives in attending this institution:** (if the application is for Grades 7 or above)

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Advisory Committee  
Jim and Shirley Suttle Scholarship Fund  
2528 W. Carrier Road  
Enid, OK 73703