

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 _____ Date _____

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)

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