

## KEEP SCHOLARSHIP APPLICATION



The KEEP Scholarship is provided by donations and funds generated by the Kids Educational Endowment Program (KEEP). KEEP Scholarship funds may be awarded to students who meet the school's policy for KEEP Scholarship allocation and the guidelines set by the Upper Columbia Conference KEEP Scholarship Committee. This Scholarship is designed to assist families who desire a Christian Education for their children.

### **Student Information**

Name (first and last): \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender (circle one): M F Ethnic Background: \_\_\_\_\_  
Baptized (circle one): Y N Church Membership: \_\_\_\_\_

### **Parental Information**

Father's Name (first and last): \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Baptized (circle one): Y N Church Membership: \_\_\_\_\_  
Occupation: \_\_\_\_\_

First and Last name and age of each dependent child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's name (first and last): \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Baptized (circle one): Y N Church Membership: \_\_\_\_\_  
Occupation: \_\_\_\_\_

First and Last name and age of each dependent child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guardian/Sponsor name (first and last): \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Baptized (circle one): Y N Church Membership: \_\_\_\_\_

**KEEP Scholarship Application** (continued)

Occupation: \_\_\_\_\_

First and Last name and age of each dependent child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for requesting student aid/scholarship: \_\_\_\_\_

\_\_\_\_\_

**Financial Information**

Annual Income: \$ \_\_\_\_\_ Scholarship requested: \$ \_\_\_\_\_ Parent/student annual contribution: \$ \_\_\_\_\_

Pastor/teacher evaluation of applicant: \_\_\_\_\_

\_\_\_\_\_

Special circumstances (elderly care, special needs): \_\_\_\_\_

\_\_\_\_\_

Financial review after first semester: \_\_\_\_\_

\_\_\_\_\_

**Student Requirements**

KEEP Scholarship funds will be awarded with preference to students who demonstrate a GPA of 2.5 or better, have no failed or incomplete classes, and have no major discipline problems. Students not meeting these requirements may be required to fulfill a probation period in order to be awarded a scholarship.

We the undersigned state that the above information is true and accurate to the best of our knowledge:

Signature parent: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature teacher/pastor: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature student: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to the school principal's office for review by the KEEP Scholarship allocation committee of your school.

Rogers Adventist School  
200 SW Academy Way  
College Place, WA 99324