

Arizona Lutheran Scholarship Organization, Inc

Grant/Scholarship Application

Date: _____/_____/_____	Student Name: _____ <i>Last</i> <i>First</i> <i>Middle</i>
Parent/Guardian Name(s): _____ <i>Last</i> <i>First Name(s)</i> <i>Middle</i>	
Mailing Address: _____ _____ <i>City</i> <i>State</i> <i>Zip</i>	Telephone: (_____) _____ Student's Date of Birth: ____/____/____
Complete name of the Lutheran School the student attends or plans to attend (where the grant/scholarship would be applied toward tuition): _____	
Grade of student in school year 2008-2009 (please circle)	
K 1 2 3 4 5 6 7 8 9 10 11 12	

Please provide a narrative discussing such things as the student's Christian faith, character, perseverance, citizenship, leadership and community involvement. The child's age will be appropriately considered.

I affirm that the above information is true and correct. A scholarship is requested for the benefit of the above named student.

Signature of Parent/Guardian

Student Eligibility: Awards made by ALSO can only be used for tuition for students attending grades K-12 in a Lutheran private school. You can see our website for a list of participating schools. The student must be planning to attend K-12 by the semester following the award process. Applications received by June 1, 2008 will be considered for the July 1 distributions. These applications will also be considered for our winter distribution. Applications received by December 1 will be considered for our winter distribution.

Mail or Fax completed applications to:

ALSO
23914 S. Alma School Road
Chandler, AZ 85248
Phone: 480-310-5692 FAX: 480-802-3225
www.azkids.net