

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