

FFEL SCHOLARSHIP APPLICATION

NOTE: SCHOLARSHIP APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS FILLED OUT IN FULL.

All scholarships are subject to approval and are only in place for the current enrolled year.

Child's Name(s) that would attend FFEL:

Name: _____

Name: _____

Name: _____

If you are a single parent...

Do you Receive Child Support? Yes No

Do you Receive any other financial assistance? Yes No

If yes, what? _____

If you are married...

Are you employed? Yes No

If yes, where? _____

Is your spouse employed? Yes No

If yes, where? _____

Please Describe the reason you are requesting scholarship:

What is your annual household income? \$ _____

(Please provide a copy of two of your most recent paystubs, and W-2 forms.)

How much could you afford per child per Month? \$ _____

Are you a Church Member at Houston's First? Yes No

Do you actively Volunteer? Yes No

If yes, where? _____

Parents/ Guardian Name: _____

Relationship: _____ Cell: _____ Alternative Phone: _____

Email Address: _____

Scholarships are considered on the basis of need and there is no guarantee of approval due to the availability of limited scholarship Funds.

*** Scholarship may be voided if your account is NOT kept in good standing**

You will be notified by email once a decision has been made.

To check the status of your application or for any questions please contact us at 713-957-7619 Tuesday/ Thursday 9:15- 2:15 or send an email to Megan.Pavelka@houstonfirst.org and/or alecky.alencar@houstonfirst.org

