



CENTER OF HELLENIC EDUCATION

ΚΕΝΤΡΟ ΕΛΛΗΝΙΚΗΣ ΠΑΙΔΕΙΑΣ

Saint Nicholas Greek Orthodox Church, San Jose, California

www.CenterofHellenicEducation.org

Scholarship Application Form

Parents' names: _____

Student's name: _____

Home address: _____

Email address: _____

Phone number: _____ (Cell) _____

1. What is the reason for the scholarship application?	
<input type="checkbox"/>	Financial hardship
<input type="checkbox"/>	Exceptional performance
<input type="checkbox"/>	More than one siblings enrolled in the program
<input type="checkbox"/>	Other
<i>If "Other" please specify</i>	

2. What is your household income?	
<input type="checkbox"/>	Less than \$10,000
<input type="checkbox"/>	\$10,001 - \$25,000
<input type="checkbox"/>	\$25,001 - \$40,000
<input type="checkbox"/>	\$40,001 - \$70,000
<input type="checkbox"/>	\$70,001 - \$100,000
<input type="checkbox"/>	Greater than \$100,000
<input type="checkbox"/>	Prefer not to say

3. How much of the tuition per child are you able to pay?	
<input type="checkbox"/>	75%
<input type="checkbox"/>	50%
<input type="checkbox"/>	25%
<input type="checkbox"/>	0%
<input type="checkbox"/>	Prefer not to say

Date		Signature	
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Please fill out this form and submit it to: frdemosthenes@aol.com and fryanniv@gmail.com