**23-24 Enrollment Packet**

AND SAY: MY LORD, INCREASE ME IN KNOWLEDGE Quran 20:114.

**Dear Parents: Assalamu Alaikum Wa Rahmatullahi Wa Barakatuh,**

The Islamic School of Columbia-Missouri welcomes you and your child to another school year. We are happy that you chose this school and pray to Allah (SWT) that this will be an enjoyable and productive year for your child. Below is useful information that you should be aware of.

**Starting Date:** Tuesday, August 22, 2023

**Registration:** Your child must have a completed registration on file before a seat in class can be secured and he/she can attend school. **Returning ISC-M students must enroll by June 1, 2023, to avoid paying a re-registration fee. Reduced tuition applications are also due at this time.**

To complete registration, and ensure your child has a spot in his/her class, we must have the following:

|  |  |
| --- | --- |
| RETURNING STUDENTS (due by June 1) | NEW STUDENTS |
| * Workbook/text Fee | * Registration Fee & Workbook/text Fee |
| * Student Information Form | * Student Information Form |
| * Student Health Form | * Student Health Form |
| * Photo Release/Field Trip Form | * Photo Release/Field Trip Form |
|  | * Copy of birth certificate or other official document showing child’s date of birth |
|  | * Copy of an up-to-date immunization record |

**Enrollment Age:** Students must be age 3 on or before July 31st to enroll in preschool, age 5 on or before July 31st to enroll in kindergarten, and age 6 on or before July 31st to enroll in first grade.

**After School Child Care:** There will be an after school childcare program available daily between 3:45 p.m. and 5:30 p.m. for a monthly fee of $300. If you are interested in enrolling your child in this program, please fill out the After School Child Care form and return it to the school office.

All students who are not picked up by a parent/guardian by 3:50pm and are not enrolled in the after-school care program **will** be charged a late pick-up fee for after school care.

Charges for late pick up are as follows:

$10 per day/per child if late between 1-15 minutes.

$20 per day/per child if late between 15-30 minutes.

$30 per day/per child late between 30-60 minutes.

**School Uniform:** Students must wear navy pants, a white or light blue collared shirt and closed-toe shoes. Girls must also wear a navy jumper and have a white hijab. Jackets and sweaters worn indoors must be our school colors only (navy, white and light blue).

**School Hours:** 7:50 a.m.-3:50 p.m.

**Drop-Off Time:** Starts at 7:40 a.m. no earlier than 7:40 a.m.

**In-class Assembly:** 7:50 a.m.-8:00 a.m. (Mandatory for all grade levels)

**Pick-Up Time:** 3:40 p.m.-3:50 p.m. Dismissal is by family.

**Lunch/Transportation:** Parents are responsible for providing their child’s lunch, snack and transportation.

**Snow Days/Early Dismissal/Late Start Days:** We are following Columbia Public School inclement weather procedure for snow days and late start days. Please check local TV (KOMU and KRCG) stations for information.

**Student Information Form**

***Please print requested information using blue or black ink***. Fees paid: Stop outline Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name (First, Middle, Last) | | | | | | Current Grade2023-2024 | | | Gender  M F | Date of Birth |
| Student’s Physical Address | | | | | | | | | | |
| Street Address | | | | | Apt. No. | | City, State, Zip | | | |
| Student’s Mailing Address □ Check here if same as Physical Address | | | | | | | | | | |
| Street Address | | | | | Apt. No. | | | City, State, Zip | | |
| Parent(s)/Guardian(s) who reside with the student | | | | | | | | | | |
| Parent/Guardian Name (First, Middle, Last) | | | Email Address | | | | | | Primary Phone Number | |
| Parent/Guardian Name (First, Middle, Last) | | | Email Address | | | | | | Primary Phone Number | |
| Schools Previously Attended | | School Address | | | | | | | Phone | |
|  | |  | | | | | | |  | |
|  | |  | | | | | | |  | |
| Additional Information | | | | | | | | | | |
| Does this student receive other special services (Remedial Reading, Title I, frequent counseling, etc.)? Yes □ No □ If Yes, please describe: | | | | | | | | | | |
| Has this student ever been expelled from school? Yes □ No □ If Yes, what grade(s)? | | | | | | | | | | |
| Is this student presently suspended from another school? Yes□ No□ If Yes, what school? | | | | | | | | | | |
| Emergency Contacts | | | | | | | | | | |
| Name | Primary Phone | | | Work Phone | | | | | Relationship of student | |
| Name | Primary Phone | | | Work Phone | | | | | Relationship of student | |

**Photo Release Permission Slip**

We, the undersigned parents do hereby agree to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via internet or other media sources).

\_\_\_\_ Yes, we give permission for the ISCM to photograph my child for school purposes and/or at school events.

\_\_\_ No, we do not authorize the ISCM to photograph for my child for any event.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Field Trips Permission Slip**

We, the undersigned parents do hereby authorize the undersigned child to participate in school field trips.

Information regarding each individual field trip will be provided to parents prior to the event. Parents may choose not to have their child participate by notifying the school.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Health Form

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | Male/Female | Birthdate | |
| PARENT 1 | Work | | Cell |
| PARENT 2 | Work | | Cell |
| EMERGENCY CONTACT  / / | | | |
| Name Relationship Phone | | | |

|  |
| --- |
| DOCTOR/CLINIC Phone |
| DENTIST Phone |
| PREFERRED HOSPITAL |

|  |
| --- |
| Does your child have any chronic diseases or other health problems that may interfere with medical or surgical treatment?  🞎 Yes 🞎No  If yes, please specify |

|  |
| --- |
| Does your child have any of the following? (Please check those that apply) |
| 🞎 Asthma 🞎 Diabetes 🞎Convulsion |
| 🞎 Heart trouble 🞎Frequent cold 🞎Stomach Upsets |
| 🞎 Fainting Spells 🞎Urinary Problems 🞎Problems with skin rash |
| 🞎 Problems with soiling 🞎Problems with diarrhea 🞎Problems with constipation |
| 🞎 Frequent sore throats 🞎Frequent ear infection |
| Has your child had any of the following diseases? (Please check those that apply) |
| 🞎 Mumps 🞎Worms 🞎Impetigo |
| 🞎 Ringworms 🞎Bronchitis 🞎 Head lice |
| 🞎 Chickenpox 🞎Hepatitis 🞎Scarlet Fever |
| 🞎 Tuberculosis 🞎Measles (hard) 🞎 Poliomyelitis |
| 🞎 Whooping Cough 🞎German Measles |

|  |
| --- |
| Does your child take any medication on a regular basis? 🞎Yes 🞎No  If yes, please specify  Over🡪 |

|  |
| --- |
| When was your child’s last physical examination and for what purpose? |

|  |
| --- |
| Please list allergies (if any). |

By signing this health form, you are giving permission to the Islamic School of Columbia Missouri release the medical information to medical personnel in an emergency.

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**ISC-M Fees and Tuition**

|  |  |
| --- | --- |
| **Daycare**  **7:40 am - 3:40 pm** | **Yearly Tuition = $6,000**  **$600/month (10 payments, August-May)** |
|  | ***New Students*** |
| **Registration Fee** (one time) | $100 |
| **Total Fee** | **$100** |

|  |  |  |
| --- | --- | --- |
| **Pre-School and Kindergarten**  **7:50 am – 3:40 pm** | **Yearly Tuition = $5,000**  **$500/month (10 payments, August-May)** | |
| *Fees* | ***New Students*** | ***Returning Students*** |
| **Registration Fee (one time)** | $100 | - |
| **Workbook/text Fees** | $100 | $100 |
| Technology Fee (KG only) | $50 | $50 |
| Online how to read Arabic program | $25 | $25 |
| **Total Fees** | **$275** *($200 for Pre-K)* | **$175** *($100 for Pre-K)* |

|  |  |  |
| --- | --- | --- |
| **Grades 1-6**  **7:50 am – 3:40 pm** | **Yearly Tuition = $4,000**  **$400/month (10 payments, August-May)** | |
| *Fees* | ***New Students*** | ***Returning Students*** |
| **Registration Fee** | $100 | - |
| **Workbook/text fee** | $150 | $150 |
| Technology Fee | $50 | $50 |
| ITBS Testing (*Grades 2-5 only*) | $50 | $50 |
| Online how to read Arabic program | $25 | $25 |
| **Total Registration Fees** | **$375**($325 for 1st grade) | **$275** ($225 for 1st grade) |

|  |  |
| --- | --- |
| **After School Care**  3:30 pm - 5:30 pm on school days | $300 /month |

After School Care Application

Please complete the following information.

After School Care is from 3:45-5:30 pm each school day for a flat fee of $300/month.

Charges for late pick up are as follows:

$10 per day/per child if late between 1-15 minutes.

$20 per day/per child if late between 15-30 minutes.

$30 per day/per child late between 30-60 minutes.

|  |  |  |  |
| --- | --- | --- | --- |
| CHILD’S NAME | | GRADE | AGE |
| PARENT 1 | Work | Cell | |
| PARENT 2 | Work | Cell | |
| ADDITIONAL EMERGENCY CONTACT | Work | Cell | |

We do not provide scholarships for after school care.

Does your child have any health problems, chronic diseases, or allergies that the after-school care provider should be aware of?

🞎 Yes 🞎No

If yes, please specify.

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**SCHOLARSHIP / REDUCED TUITION APPLICATION for KG-6th grades**

ISC-M School awards reduced tuition to assist Muslim families in providing quality Islamic education to their children. The following is a list of priorities in awarding the scholarships. These priorities determine the availability and amount of scholarship awarded.

1. The gross monthly income based on tax returns from last year and other assistance.
2. Number of dependents in the family.
3. Number of children enrolled at ISC-M.
4. Applicants’ academic performance.
5. Parents’ involvement in School Volunteer Program.

Please be advised that submission of this application does not constitute acceptance. You will be notified with a written letter of any tuition reduction awarded. Scholarships are for kindergarten through sixth grade students only.

You must provide a complete application and all supporting documents before your application is accepted. Only completed applications are processed. They must include financial records (tax returns, salary letter or pay stub from current employer(s)/embassy), documentation from any government agency providing monthly assistance (Family Service Department (FSD), Section 8 Housing, SNAP, Medicaid, Welfare, alimony, child support etc.)

Name of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of student(s) applying for scholarship:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_ 4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_ 5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_ 6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_

Reason for requesting scholarship/reduced tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide all the information requested for questions 1-8.**

1. What is your total income expected from June of this year thru May of next year for each:

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other income for the household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Number of dependent children? \_\_\_\_\_\_\_\_\_\_\_ Ages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How many children will attend the ISC-M? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Did you receive reduced tuition before from the ISC-M? (yes *or* no ) If yes, how many times? \_\_\_\_\_\_\_\_\_

5. Did you have any debt or other financial responsibility that can affect your ability to pay tuition? Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. What is the amount of assistance you receive each month from:

(Put ***none*** if you do not receive that type of assistance)

Food stamps/SNAP \_\_\_\_\_\_\_\_\_\_\_ Medicaid \_\_\_\_\_\_\_\_\_\_\_ Section 8 Housing Assistance \_\_\_\_\_\_\_\_\_\_\_

Welfare payment \_\_\_\_\_\_\_\_\_\_\_ Child Support \_\_\_\_\_\_\_\_\_\_\_ Other government support \_\_\_\_\_\_\_\_\_\_\_

7. Do you receive any other living expense assistance or income not already listed above? If yes, list amount & source. (yes *or* no)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit the following to complete your application:

\_\_\_\_previous year’s tax return for all heads of household

\_\_\_\_current employment verification letter with monthly salary/stipend specified or most recent pay stub

\_\_\_\_academic record from previous school for each child (if not attending the ISCM for the previous school year)

written verification of amount received for each type of assistance:

\_\_\_\_Food stamps/SNAP \_\_\_\_ Medicaid \_\_\_\_Child Support \_\_\_\_Welfare payment

\_\_\_\_Section 8 Housing Assistance \_\_\_\_Other government support \_\_\_\_Other incomes

* **Committee decision is expected within ten working days after complete application submission.**
* **Only written approval signed by the chairman of the scholarship committee constitutes a commitment on the part of the school.**
* **Tuition assistance is not renewed automatically. A new application must be submitted for each year.**
* Reduced tuition is only offered for students from grade KG-6. No tuitions are reduced by 100%.
* The committee will not review an application until the application is complete and all requested information is submitted.
* **Failure of student and/or family to adhere to conditions of this tuition reduction may result in its termination.**

8. How will you be involved in the School Volunteer Program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby consent and authorize ISC-M or its representative to examine and verify all information provided in this application including earnings of any kind. This verification will be used only for the purpose of evaluating this application and will be kept completely confidential.**

### ALL INFORMATION IS SUBJECT TO VERIFICATION.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Do not write below this line**

Office comments: All verification documents submitted? Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee decision: ( ) approved ( ) not approved

Conditions of reduced tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair, Scholarship committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_