

To be filled out by Upward office only:
Y N initial by _____

FBC O'Fallon Upward General Scholarship Application

Sport(Circle): Football Cheerleading Basketball Soccer

Please list your children who will be playing in this year's Upward league:

<u>Child's Name</u>	<u>Grade</u>	<u>Gender</u>
_____	_____	M F
_____	_____	M F
_____	_____	M F

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____

Email Address _____

Marital Status:

Single _____ Married _____ Divorced _____ Separated _____

1. Father's Name: _____

Employer: _____ work number: _____

2. Mother's Name: _____

Employer: _____ work number: _____

3. How many children do you have? (please include those not participating) _____

4. How much can you afford to pay per child? _____

5. Could you make payment installments? YES NO

If yes – what date(s) could you make payments? _____

7. Other than financial concerns, are there any other factors that you would like us to consider? (use back if needed)

*****This application is for families interested in participating in FBC O'Fallon's Upward scholarship program. This information is necessary to determine scholarship eligibility. Please complete one form per family. Personal information will remain strictly confidential. Please answer all questions as completely as possible.*****