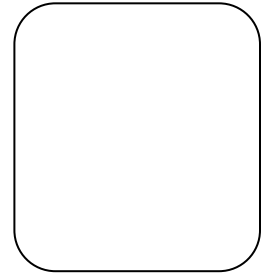




Christian
American School
of Guatemala



Photo

STUDENT SCHOLARSHIP INFORMATION:

Please mark answers with an X. Use pen or on the computer. Make sure the answers are legible and without scratch marks.

Answer in full the following:

1) Complete name of applicant:

1.1) Relationship with the students: father: mother: legal guardian:
other (specify)

2) Student's full name: 2.1)

2.2) Student's date of birth :

day/ month/ year

2.3) Grade Applying for : pre-school Elementary Middle school High
School repeating grade YES NO

2.4) Name of Previous School:

Does not apply

3) Home address: _____ 3.1) Language spoken at
home: english spanish: other:

4) Telephone numbers (mobile, home and office: 4.1):

4.3) 4.4)

5) Religious affiliation:

5.1) How long have you been involved with this

affiliation?

5.2) Name of church or group that you attend:

6) Applicants Nationality if applicable:

7) How did you hear about us: radio television newspaper
Internet Road signs student referral

8) Does your income depend on one of following? Personally owned: Non-profit organization, or government office

Specify: other:

9) Has the student received financial aid at any other institution: YES NO

where: specify for how long:

10) I certify that all of the information provided has been written by me and is true to the best of my knowledge, and may be verified to be true by your institution:

Name of the person filling out application

Signature:

Signature of person receiving application:

Signature and stamp of approval

For Institutional use only (do not write in this section):

- Scholarship given by the school: Scholarship sponsored by foreign organization
- missionaries

Day/ Month /Year

- Scholarship sponsored by private donor: Date: