     ****

**Scholarship Application Form**

**Student Information:**

Name       

Birthdate      /     /      Gender  **Male**  **Female** Grade Entering

**Parent/Caregiver Information**

Name

Address 1        City       State/Zip

Address 1        City       State/Zip

Home Phone        Cell Phone

Employer/Occupation

**Scholarships for FHL**

Amount of Scholarship applying for (all amounts are annually per school year:)

$500. $1000.  50%  40%  30% 20% 10%

**Parents must include their most recent tax forms (1040 or 1040EZ to show AGI (Adjusted Gross Income) for consideration of scholarship and amount.**

**Please enclose a brief proposal explaining why you want a scholarship and why sending your child to F.H.L. is important to you.**

 Click here to enter text