



**The Kimberly C. Edwards  
Memorial Scholarship Application**  
for the  
**F.D. Reese Christian Academy**

**INSTRUCTIONS:**

1. Complete the entire Scholarship Application
2. One child per application
3. Sign and date the application
4. Mail or bring your application before the deadline to:

**FDRCA**  
1599 EAST SYCAMORE STREET  
KOKOMO, IN 46901

**OFFICE USE  
ONLY**

Date Received:

\_\_\_\_\_

5. Review your application to make sure that all information is accurate

**APPLICANT'S INFORMATION**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Sex: \_\_\_\_\_

Has your child been accepted into the FDRCA? \_\_\_\_\_

If yes, have you received an official letter from the Academy verifying your child's admittance? \_\_\_\_\_

Is this your first time applying for this scholarship? \_\_\_\_\_

Has your child received other scholarships to attend FDRCA? \_\_\_\_\_

Do you have other children attending FDRCA? If yes, who? \_\_\_\_\_

# The Kimberly C. Edwards Memorial Scholarship Application

*Parent/Guardian's Name:*

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First Name	Middle Initial	Last Name
Mother ___	Father ___	Legal Guardian ___

*Parent/Guardian's Name:*

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First Name	Middle Initial	Last Name
Mother ___	Father ___	Legal Guardian ___

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Does applicant live with both parents: \_\_\_ Yes \_\_\_ No

If no, with which parent does the applicant live: \_\_\_\_\_ Are you a single parent? \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

1. Household size (the sum of all adults and children living in the home): \_\_\_\_\_

2. How many other children under the age of 18 live with applicant: \_\_\_\_\_

3. What is your family's annual yearly income?

\_\_\_ \$0 - \$12,000 \_\_\_ \$12,001-\$17,000 \_\_\_ \$17,001-\$22,000 \_\_\_ \$22,001 and \$27,000 \_\_\_ \$27,001 and above

4. Describe any other income you receive

5. Place of Employment (Guardian/Mother) \_\_\_\_\_

6. Place of Employment (Guardian/Father) \_\_\_\_\_

7. Is the child's Guardian/Parent in school? \_\_\_ Full Time\_\_\_ Part Time\_\_\_

If yes, what school do you attend? \_\_\_\_\_

8. Are you professing Christians? \_\_\_\_\_

9. What Church do you attend? \_\_\_\_\_ Is your family active members? \_\_\_\_\_

10. What is the name of your pastor? \_\_\_\_\_

11. Briefly explain your values on education:

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12. Briefly explain why are you choosing to send your child to FDRCA?

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13. Are you relying on scholarships and other possible aides to finance your child's tuition? \_\_\_\_\_

