



**Children First**  
**America, Delaware County**  
Parental Choice In Education

**Dr. Horace W. Strand**  
President

**Dietra Conner, M. Ed**  
Executive Director

**Student Information:**

**Student Name:** \_\_\_\_\_

**D.O.B:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **S.S.#:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Current School Attending:** \_\_\_\_\_

**Parent/Guardian Information:**

**Mother/Legal Guardian Name:** \_\_\_\_\_ **NA:** \_\_\_\_\_

\_\_\_ Same as Above

**Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Father/Legal Guardian Name:** \_\_\_\_\_ **NA:** \_\_\_\_\_

\_\_\_ Same as Above

**Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Scholarship Information:**

School Year: \_\_\_\_\_

School at which Scholarship will be used:

\_\_\_\_\_

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

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

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

School Contact/Liaison Name: \_\_\_\_\_

Yearly Tuition Cost:\$ \_\_\_\_\_ Monthly Tuition:\$ \_\_\_\_\_

Amount Still Owed:\$ \_\_\_\_\_

1. Yearly Total Household Income of Mother/1<sup>st</sup> or Guardian:  
\$ \_\_\_\_\_
2. Yearly Total Household Income of Father/2<sup>nd</sup> or Guardian:  
\$ \_\_\_\_\_
3. Combined or Total Monthly Social Security, Disability, SSI, Pension:  
\$ \_\_\_\_\_
4. Combined or Total Monthly Child Support, Alimony, AFDC:  
\$ \_\_\_\_\_
  
5. Combined Total of Lines 1-4:\$ \_\_\_\_\_

Other Dependents Names	Relation	Date of Birth	Grade
1.			
2.			
3.			
4.			
5.			

I (we) hereby agree that any scholarship award will be used exclusively for the payment of tuition at the School designated above, and that the School is authorized to verify that the designated student is enrolled at the said School and that the School's tuition has been paid. I (we) further agree to notify Children First America Delaware County immediately should the student no longer be enrolled in the said School, for any reason. I (we) also agree to repay Children First America Delaware County any tuition amounts, paid for by a scholarship grant refunded to me (us) by the School by reason of the fact that the student is no longer enrolled in said School.

Signature(s) of Parents/Guardians:

Mother/1<sup>st</sup> Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Father/2<sup>nd</sup> Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail the completed application, with all supporting documents to the address below by July 15<sup>th</sup> of the current school year.

**Children First America Delaware County**  
**1005 West 7<sup>th</sup> Street**  
**Chester, PA 19013**

Note: We cannot accept hand delivered, faxed, emailed, or any application submitted after July 15<sup>th</sup> of the current school year.

**Note: Decisions are usually made between the months of August through December.**