



TUTORING SCHOLARSHIPS

Thanks to generous donors, BCCS offers limited tutoring scholarships.



SCHOLARSHIP GUIDELINES

- ✓ Submit an application along with your most recent IRS Form 1040 for financially responsible parties.
- ✓ Awards are based on demonstrated financial need.
- ✓ Assistance will be awarded in order received as funds are available.
- ✓ Scholarship amounts are given in semester blocks.

STUDENT'S COMMITMENT

- ✓ Arrive on time and ready to work.
- ✓ Bring current classwork and homework to each session.
- ✓ Come prepared with a pencil, paper, and notebook.
- ✓ Be polite with good manners.

For questions or information:



(325) 641-2223
www.bcc.school

BCCS Tutoring Scholarship Application

Fill out the application completely. Incomplete applications will not be considered.

All information will be kept in the strictest confidence by the scholarship committee.

No names or information will be disclosed outside this committee and the administrator.

Section 1: Applicant(s) Information (Parent or Guardian)

Applicant:

First and Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Last 4 digits of Social Security Number: _____

Marital Status: _____ Relationship to Student: _____

Employment Status: _____

Co-Applicant (if applicable):

First and Last Name: _____

Last 4 digits of Social Security Number: _____ Date of Birth: _____

Relationship to Student: _____ Employment Status: _____

Section 2: Student(s) Information

First Student:

First and Last Name: _____

Last 4 digits of Social Security Number: _____ Date of Birth: ____/____/____

Gender: Male Female Does this student have a disability? Yes No

Ethnicity (choose all that apply) : Hispanic or Latino Black or African American Asian
 American Indian or Alaska Native Middle Eastern or North African
 Native Hawaiian or Other Pacific Islander Some other race, ethnicity, or origin

Is this student a U.S. Citizen? Yes No

Grade: _____ School Attending: _____

Do you share financial responsibility for this student with an individual not included on this application?

Yes No

If yes ► What percent is your responsibility? _____

Name the other responsible party? _____

Email or phone number for other responsible party: _____

Has the other responsible party started a separate application for aid?

Yes No I don't know

Second Student:

First and Last Name: _____

Last 4 digits of Social Security Number: _____ Date of Birth: ____/____/____

Gender: Male Female Does this student have a disability? Yes No

Ethnicity (choose all that apply) : Hispanic or Latino Black or African American Asian
 American Indian or Alaska Native Middle Eastern or North African
 Native Hawaiian or Other Pacific Islander Some other race, ethnicity, or origin

Is this student a U.S. Citizen? Yes No

Grade: _____ Type of School Attended last school year: _____

How much of this child's tuition can you and/or the co-applicant pay? _____ per year

Do you share tuition responsibility for this student with an individual not included on this application?
 Yes No

If yes ► What percent is your responsibility? _____

Name the other responsible party? _____

Email or phone number for other responsible party: _____

Has the other responsible party started a separate application for aid?
 Yes No I don't know

Third Student:

First and Last Name: _____

Last 4 digits of Social Security Number: _____ Date of Birth: ____/____/____

Gender: Male Female Does this student have a disability? Yes No

Ethnicity (choose all that apply) : Hispanic or Latino Black or African American Asian
 American Indian or Alaska Native Middle Eastern or North African
 Native Hawaiian or Other Pacific Islander Some other race, ethnicity, or origin

Is this student a U.S. Citizen? Yes No

Grade: _____ Type of School Attended last school year: _____

How much of this child's tuition can you and/or the co-applicant pay? _____ per year

Do you share tuition responsibility for this student with an individual not included on this application?
 Yes No

If yes ► What percent is your responsibility? _____

Name the other responsible party? _____

Email or phone number for other responsible party: _____

Has the other responsible party started a separate application for aid?
 Yes No I don't know

Use a separate sheet of paper (or copy this page) for additional students.

Section 3: Taxable Income

Number of adults living in this household: _____

Number of children living in this household: _____

Does the applicant receive income reported on a W-2? Yes No

Does the co-applicant receive income reported on a W-2? Yes No

Does the applicant file a US Federal Income Tax Return?

Yes Applicant's adjusted gross income from the most recent tax return _____

No

Does the co-applicant file a US Federal Income Tax Return? (If you and your spouse are married filing separately, you will only need to complete one application and report total household earnings on this form. However, each parent must submit copies of their most recent IRS Federal Form 1040 U.S. Individual Tax Return.)

Yes - jointly

Yes - separately Co-applicants adjusted gross income from the most recent tax return _____

No

Section 4: Non-Taxable Income

If you collect any nontaxable income, please select it below

	Type of Nontaxable Income	Amount	Frequency
<input type="checkbox"/>	Alimony		
<input type="checkbox"/>	Child Support		
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)		
<input type="checkbox"/>	Welfare		
<input type="checkbox"/>	Supplemental Nutrition Assistance Program		
<input type="checkbox"/>	Workers' Compensation		
<input type="checkbox"/>	Housing Allowance (Military, Religious, Parsonage, etc)		
<input type="checkbox"/>	Tax-Exempt Interest		
<input type="checkbox"/>	Other Nontaxable Income (Foster Care Allowance, VA Benefits, etc) _____		

Social Security

If household members collect nontaxable social security income, please mark below.

	Name	Amount	Frequency
<input type="checkbox"/>	Applicant:		
<input type="checkbox"/>	Co-Applicant:		
<input type="checkbox"/>	Student 1:		
<input type="checkbox"/>	Student 2:		
<input type="checkbox"/>	Student 3:		
<input type="checkbox"/>	Other Household Members		

Section 5: Change of Income

Do you anticipate a decrease in your annual income in the next 4 months? Yes No

If yes, continue... If no, skip to section 6.

What is your anticipated income for next calendar year? _____

What is the co-applicant's anticipated income for next calendar year? _____

Select the reason(s) for your reduced income (Select all that apply)

	Applicant	Co-Applicant
Unemployment or unexpected to be unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Reduced hours	<input type="checkbox"/>	<input type="checkbox"/>
Reduced wages	<input type="checkbox"/>	<input type="checkbox"/>
Exiting the workforce	<input type="checkbox"/>	<input type="checkbox"/>
Legal separation or divorce	<input type="checkbox"/>	<input type="checkbox"/>
Plan to retire	<input type="checkbox"/>	<input type="checkbox"/>
Medical reasons	<input type="checkbox"/>	<input type="checkbox"/>
Death of a spouse	<input type="checkbox"/>	<input type="checkbox"/>
Increase in family size	<input type="checkbox"/>	<input type="checkbox"/>
Loss of alimony or spousal support	<input type="checkbox"/>	<input type="checkbox"/>
Military reasons	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

I/We understand that should any of the information included in this application or any supporting documents be untrue, the full amount of tuition assistance may be rescinded and full payment of tuition and fees will be due.

Applicant's Signature

Co-Applicant's Signature (if applicable)