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| **BILL GODAIR SCHOLARSHIP** |
| *The Bill Godair Scholarship is a newly established award that commemorates the life and legacy of the esteemed Bishop Bill Godair. This scholarship has been specifically created to benefit students attending The Legacy School and seeks to honor the dedication and passion that Bishop Godair exemplified throughout his life.* |
| Student’s Name:       | Date of Birth:      /     /      |
| Address:       | State:       | Zip Code:       |
| **APPLICANT(S) INFORMATION** |
| NameParent/Guardian: |       | Relationship:       |
| Address: (if different from child’s)       |
| Cell Phone:  | Best Daytime Contact #:  | Email:       |
| Place of Employment: |       |
| Monthly Income: |  | Length with Employer:       |
| NameParent/Guardian: |       | Relationship:       |
| Address: (if different from child’s)       |
| Cell Phone:  | Best Daytime Contact #:  | Email:       |
| Place of Employment: |       |
| Monthly Income: |  | Length with Employer:       |
| **ASSISTANCE**  |
| *Please give a brief reasoning for the assistance then mark the needed below:*  |
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| Tuition | [ ]  1st quarter amount:  [ ]  2nd quarter amount:  | [ ]  3rd quarter amount: [ ]  4th quarter amount:  |
| Resource Fee | Amount: $      | T-Shirt Amount: $      |
| Field Trip | Amount: $      | Miscellaneous Amount: $      |
| Applicant’s Signature: |  | Date: |
| Applicant’s Signature: |  | Date: |
| *By signing above, I certify that all information is true and correct to the best of my knowledge and I understand that scholarship approvals are subject to the availability of funds.* *Attach Proof of Income - Current check stub dated within the last 30 days* |

