

School Year: _____

Student #: _____

Cypress Bend Adventist Elementary School

Worthy Student Fund

PARENT/GUARDIAN INFORMATION: Please fill in the information about the parent(s)/guardian(s) that are financially and legally responsible for the student. (please print)

FATHER'S Name _____

Guardian's Name _____

Address _____

Town/City _____

State _____ Zip Code _____

Home Phone () _____

Church Membership _____

Occupation _____

Employed By _____

Full Time Employee _____ Part Time Employee _____

Marital Status: Married _____ Divorced _____

Separated _____ Widowed _____

Number of Dependents _____

MOTHER'S Name _____

Guardian's Name _____

Address _____

Town/City _____

State _____ Zip Code _____

Home Phone () _____

Church Membership _____

Occupation _____

Employed By _____

Full Time Employee _____ Part Time Employee _____

Marital Status: Married _____ Divorced _____

Separated _____ Widowed _____

Number of Dependents _____

STUDENTS INFORMATION: (please print)

| | First Student | Second Student | Third Student |
|---|---------------|----------------|---------------|
| Student's Name: (last, first, middle) | | | |
| Grade Entering | | | |
| Student is living with: (Father/Mother/Guardian) | | | |
| Church Membership | | | |
| Educational Resources (endowment, trusts, etc.) | \$ | \$ | \$ |

Siblings not attending CBAES

| Name, Grade & School Attending | School Cost for One Year | Amount Paid by Parents | Student Aid Received |
|--------------------------------|--------------------------|------------------------|----------------------|
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |