



**CROOK COUNTY**  
CHRISTIAN SCHOOL

**CCCS Scholarship Application**  
**For the Year 2022-23**

Student Name (one application per student): \_\_\_\_\_

Parent Name: \_\_\_\_\_

Who is responsible for paying tuition for the student? \_\_\_\_\_

Will the student have any siblings enrolled in CCCS? \_\_\_\_\_

If yes, what is the name of sibling(s)? \_\_\_\_\_

What school did your child previously attend? \_\_\_\_\_

How much funding are you requesting? \_\_\_\_\_

Please describe your need for scholarship funds: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us why you want your child at CCCS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Return completed form to [finance@crookcountychristian.com](mailto:finance@crookcountychristian.com)*