APPLICATION FOR THE $50 WHCS SCHOLARSHIP

($50 per month per student)

Application for (student name/s) (Please print) _____

Parent/Guardian Name: _____

Number of students applying for: _____

I have read the following policy concerning the WHCS scholarship eligibility as indicated below. I certify that my family's adjusted gross income, as indicated on line 11 of the IRS tax form 1040, is less than the appropriate amount on the chart below (#1) for the number of children I am supporting at the Wachusett Hills Christian School. I further agree to attach a copy of page 1 of my IRS Tax Form 1040, 1040A, or 1040EZ as verification of this information to the treasurer of the Wachusett Hills Christian School. Failure to comply with the above requirements will result in the Wachusett Hills Christian School denying this application.

Parent/Guardian Signature**:** _____Date**:**_____

THREE-WAY PLAN POLICY:

For a student to be eligible the household adjusted gross income (excluding that of dependent children) as indicated on line 11 of the IRS Tax Form 1040 must be less than that listed on the chart below

Failure to comply with the above requirements will result in WHCS denying this application.

Number of Dependents	Adjusted Gross Income Below
1	$76,200
2	$82,500
3	$88,900
4 or more	$95,250

Completed forms need to be dropped off or mailed to Wachusett Hills Christian School, Attn. WHCS Treasurer, 100 Colony Rd., Westminster, MA 01473

Adopted July 2026

Revised