

Vista Dios Foundation

Living in God's View

Scholarship Grant Application - Primary Education

CHRISTIAN SCHOOL INFORMATION:

Name of School: _____

Address: _____

Phone #: _____

Contact Person: _____

Phone #: _____

Name of prospective recipient: _____

Criteria used to select recipient (teacher recommendations, academics, displayed character, financial need, etc.): _____

Scholarship Grant request: _____

Please attach a detailed discussion of why this prospective recipient was chosen by the school for consideration for this Scholarship Grant.

The Institution and prospective recipient must submit the applicable Scholarship Grant Applications and all requested information by the deadline below for consideration by the Foundation.

This application should be completed and returned (by postmark date) by: March 31, to the attention of :

**Carol Hendrix
P.O. Box 395
Ector, Texas 75439**

vistadiosfoundation.org

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STUDENT INFORMATION:

Name: _____

Address: _____

Daytime Phone #: _____

Parents/Guardians with whom Scholarship Grant recipient lives: _____

Number and ages of dependents in recipient's household excluding parents/guardians: _____

Intended Christian School: _____

Grade entering: _____

Parent/Guardian must attach an essay discussing the Scholarship Grant recipient's educational accomplishments, character qualities any other information you believe that the Foundation should consider.

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