

2024-2025 SCHOLARSHIP RENEWAL APPLICATION



WILD ROOTS
HOLISTIC LEARNING CENTER

Student Name: _____

Age: _____

Student Name: _____

Age: _____

Has your family's financial status changed in any way that would affect your monthly tuition contribution?

Yes No

If yes, please write a brief explanation:

Are you wishing for a schedule change? Yes No

If yes, what schedule are you hoping for? _____

WILD ROOTS EXPECTS ANY FAMILY WHO RECEIVES SCHOLARSHIP FUNDS TO ATTEND AS MANY PARENT EDUCATION NIGHTS AS POSSIBLE THROUGHOUT THE SCHOOL YEAR.

FAMILY IS REQUIRED TO RE-APPLY FOR THE FOLLOWING SCHOOL YEAR.

Parent/Guardian Name: _____

Parent's/Guardian's Signature: _____ Date: _____

OFFICE USE ONLY:

Scholarship Foundation Contribution: \$ _____

Family Contribution: \$ _____

Administration Initials: _____

Parent's/Guardian's Initials: _____