



high council holy church

HARDSHIP REQUEST FORM

HCHC Leadership Academy is a wholly owned subsidiary of the High Council Holy Church whose mission it is to provide and make available school choice for children residing in the state of Maryland.

SECTION 1: APPLICANT INFORMATION

Please enter the following information in blue or black ink.

SSN: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: () _____

Email: _____

SECTION 2: DETERMINATION OF ELIGIBILITY

Complete Section 2 in its entirety. Maximum cumulative eligibility is three (3) consecutive school terms.
The HCHC Scholarship Program is funded by the High Council Holy Church.

1. Have you been granted a Hardship Scholarship from HCHC in the past 2 years?

- Yes – You're not eligible for this program
 No – Continue to Item 2.

2. Have you received or are you receiving payments under a federal or state public assistance program during the period of time for which you are applying here?

- Yes – Skip to Section 3.
 No – Continue to Item 3.

3. Are you serving as a Parent-Teacher volunteer during the time of your requested hardship?

- Yes – Skip to Section 3.
 No – Continue to Item 4.

4. Do you work full-time?

- Yes
 No

5. What is your family size? _____

6. How many children are applying?

- 1
 2
 3
 4+ – You're not eligible for this program



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SECTION 3: EXPLAIN HARDSHIP

SECTION 4: REQUESTS, UNDERSTANDINGS, CERTIFICATIONS AND AUTHORIZATION

I request:

- to receive a reduced tuition.
I am able to pay:
\$ _____ per week for _____ weeks.
\$ _____ per month for _____ months.
- a payment plan that is extended over a 12-month term with 0% APR.
- a full scholarship for up to 3 children for the entire calendar school year.

I understand that:

- if granted, the hardship program does NOT cover specialty courses taught by outside, certified instructors. These courses include, but are not limited to Equestrian, Chess, Keyboard and PE.
- if granted, my child is entitled to attend co-op on both days, Wednesdays and Fridays for the entire school day beginning at 9:30AM and ending at 2:00PM.
- if granted, my child is entitled to attend co-op courses taught and led by Parent-Teacher volunteers.
- if granted, my child is entitled to FREE lunch on Fridays.

I certify that:

- the information I have provided on this form is true and correct.
- if my financial situation improves significantly, I will inform the school.
- I have read, understand and meet the eligibility requirements in Section 2.

I authorize HCHC Leadership Academy, if necessary, to pull a copy of my credit report to review my credit worthiness.

Applicant

Date