

**2026 VFC SCHOLARSHIP/TUITION ASSISTANCE APPLICATION**

**Please print legibly:**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Parent/Guardian (if applicant is a minor): \_\_\_\_\_

E-mail: \_\_\_\_\_

Explanation of Scholarship/Tuition Assistance Need:

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Scholastic Information  
(List current and prior school info)

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Extracurricular Activities/Memberships/ Community Service (if applicable):

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For VFC Scholarship and Tuition Assistance Committee Use Only

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

Amount of Assistance \$ \_\_\_\_\_