

Application for Scholarship Grant

The Rosemary A. Hockney Memorial Foundation

Full Name: _____

Address: _____ Phone: _____
_____ Zip _____

Is this a first time request? _____ Previous grants received? _____

Church/Organization: _____ Pastor/Director: _____

Has your request of financial aid been endorsed by the school? _____

NOTE: Persons who are related to any of the foundation's board members are not eligible.



Student(s) Name: _____

Name of School: _____

Address: _____ Phone: _____
_____ Zip: _____

School Tuition Administrator: _____

Tuition Cost: _____

What other sources and amounts of funding have you applied for/received: _____

PLEASE NOTE: The foundation expects the applicant to be responsible for a portion of the tuition.

How will you share the benefits of this foundations financial aid with others? _____

Signature of applicant: _____ Date: _____

Signature of the School Principal: _____ Date: _____

Mail Application to: The Rosemary A. Hockney Memorial Foundation
C/O Recipient Applications
47496 Greenbriar
Macomb, MI 48044