



MMK Children's Scholarship
 Fund Family Application K-12
 Form MMK-1

Parent/Guardian Name: _____
First Middle Initial or Name Last

Parent/Guardian Name: _____
First Middle Initial or Name Last

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Mobile: (____) _____

Email: _____

Conditions of Eligibility:

Child(ren) must have at least one parent or legal guardian actively serving in the military or be the child(ren) of a parent/ legal guardian with wounded warrior status. A copy of active duty orders or form DD214 must be submitted with the application.

Child(ren) must be entering grades K-12 in the Fall of the current school year or already be enrolled as a student in grades K-12.

Please list below the children applying for a Mayor's Military Kids scholarship.

	Child 1	Child 2	Child 3	Child 4
Name				
Date of Birth				
Gender				
Relation				
School Attended Last				
Grade Level				
School of Choice				

An affirmative answer to all the following statements is required for scholarship eligibility. (Please put a check in the box of each statement to indicate the statement is true.)

- I certify that the child(ren) listed in this application qualify for the Mayor's Military Kids scholarship program based on one of the following 1) active military duty status of one or both parent(s)/guardian(s) in the U.S. military or 2) Wounded Warrior status of one or both parent(s)/guardian(s).
- I certify that the child(ren) the scholarship is requested for is either entering grades K-12 in the Fall of the current school year or is already enrolled as a student in grades K-12. I understand that any award will be based on available funding.
- I certify my full understanding of this program is that any scholarship amount awarded is for the sole purpose of funding a high quality Christian education, whether provided in a Christian school classroom setting or in the home through online or traditional Christian worldview curriculum.



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Please tell us your story and why you are applying for this scholarship.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please mail your completed application with required documentation to:

RENEWANATION

ATTN: MMK Student Scholarships

P. O. Box 12366, Roanoke, VA 24025

If you have any questions, please feel free to call us from 8:00 a.m. to 4:00 p.m.,
Monday - Friday, at 540-890-8900 (office) or 1-855-TO RENEW (toll-free).