

Liberty Scholarship Fund Application 2010

31 Hoyt Road, Grafton, NH 03240
www.LSFund.org info@LSFund.org

Only complete applications postmarked by 6/30/10 will be considered for 2010 scholarships.

_____ Parent/Guardian Name	_____ Parent/Guardian Name	_____ Phone	_____ E-mail
_____ Address	_____ City	NH _____ Zip	

Please list child applying for the LSF (must be between 5 and 18 on 9/1/10)

_____ Child's Name	_____ DOB	_____ 2009-2010 school	_____ Address
		_____ 2009-2010 school	_____ Address

Please read the following statement carefully and sign only if you fully agree.

1. My child listed above is eligible to attend public school in New Hampshire as of 09/01/10.
2. I am the natural parent, adopted parent or legal guardian of the child listed above.
3. One of the following 3 statements are true:
 - a) My child was enrolled in a public school in the 2009-2010 school year; or
 - b) My child was too young to be enrolled in a public school in the 2009-2010 school year; or
 - c) I can no longer afford a non-public education for my child.
4. In order to receive a LSF scholarship, I certify that my child will be attending a New Hampshire private school or be homeschooled in New Hampshire for the 2010-2011 school year and will not be enrolled in a New Hampshire public school at any time prior to 6/30/11.
5. If I enroll my child in a public school, for any reason, during the 2010-2011 school year, I will immediately return, in full, any and all funds that were awarded for this child's non-public education.
6. Our family will provide 5 hours of volunteer service to the LSF. I understand that my application will not be considered complete until this requirement is met.
7. If I have not applied for an LSF scholarship in the past, then I have enclosed a non-refundable application fee of \$10.
8. I understand that applying for scholarship funds I do not need would unfairly prohibit a family in need from equal access to non-public education. As such, I affirm that I could not send my child to private school or educate him or her at home without the help of this scholarship.
9. I understand that the LSF will not tolerate any type of fraud and may prosecute me to the fullest extent allowable by law for any fraudulent claims I have made to the LSF.

_____ Parent/guardian signature	_____ Printed name	_____ Date
_____ Parent/guardian signature	_____ Printed name	_____ Date