

Independence Bible School
Financial Aid Application

Name: _____ Age _____ Grade _____ GPA _____

Address: _____

Number of siblings residing with parent(s)/guardian _____

Father's Occupation _____ Family Income _____

Mother's Occupation _____

Give reasons for your desire to attend Independence Bible School

Has a copy of your transcript been sent to IBS? Yes or No

Where do you attend church? _____

Do you attend regularly? Yes or No

Please attach a letter of recommendation from your local minister, church official, and/or representative of Independence Bible School.

I have read and answered the above questions to the best of my knowledge and am willing to allow the scholarship committee to review any or all the school records needed. I agree to uphold and maintain the rules and regulations of Independence Bible School.

Parent/Guardian Date

Send application and letter of recommendation to:

Scholarship Program
Matthew Brewer
2246B S. 10th Street
Independence, KS 67301