



MTHEA
(931) 486-4623

PO Box 11386
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Murfreesboro, TN 37129
www.MTHEA.org

MTHEA Application For Curriculum Assistance Application submitted by:

Name: _____
Address: _____ City: _____ State _____ Zip _____
Phone: _____ E-mail: _____

Family to be considered:

Name: _____
Address: _____ City: _____ State _____ Zip _____
Phone: _____ E-mail: _____

Tutorial/Support Group: _____

Umbrella School: _____ # of years homeschooled: _____

Family Status: married single parent family guardian grandparents

Head of Household's Employment (if applicable): _____

Names and Grades of Children in the home: *(use the back if necessary)*

Name: _____ Grade: _____ Age: _____
Name: _____ Grade: _____ Age: _____
Name: _____ Grade: _____ Age: _____
Name: _____ Grade: _____ Age: _____

Amount of assistance you feel this family needs? ___\$25 ___\$50 ___\$75 ___\$100 Other _____

What are the curriculum needs of this family?

Why do you feel this family should be considered for financial assistance with their curriculum?

Thank you for your nomination. The MTHEA Curriculum/Scholarship Committee will pray and consider your nomination and contact you shortly. Blessings!

Mail application to:

MTHEA CURRICULUM ASSISTANCE
P.O. BOX 11386
Murfreesboro, TN 37129

Or send by email to: office@mthea.org