

GCA Scholarship Application

Personal Information:

Parents _____ Date _____

Phone: _____ Email: _____

List students registering and applying for GCA scholarships.

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

Financial Information:

Mother's Occupation _____

Father's Occupation _____

Please state your monthly household income _____

Number and ages of children in family _____

Please provide a copy of most current tax return and a recent pay stub with application.

Scholarships are granted as a percentage to be discounted off the total annual tuition. Please circle the percentage for which you are applying (per child if applying for more than one):

20% 35% 50% 75% or Full Scholarship

References:

a) Pastor/leader of the Christian church you currently attend:

Name _____

Phone # _____

b) Friend, Co-Worker or Family Member:

Name _____

Phone # _____

c) Grace Christian Academy member:

Name _____

Phone # _____

Ministry and Service:

Please describe your church or community service activities.

Please explain why you need a tuition scholarship. Attach a separate sheet to this application if necessary).

I have read and agree with GCA's statement of faith and to the best of my knowledge the information I/we have provided is true and qualifies our family for consideration for the GCA needs-based scholarship.

Signature _____ Date _____

Signature _____ Date _____

Check list:

- GCA student registration application
- Copies of tax forms and pay stub
- Letter of recommendation for aid

Return application and documentation to:
GCA Administrative office directly at the 8th and Harrison Church of Christ
Or Mail to
Grace Christian Academy
Attention: Scholarship Committee
P.O.Box 531924