



2018-2019 Scholarship Application
Submission Deadline 4/15/18

Student's Name _____ Home Phone: _____ Cell: _____

Address _____ Date of Birth _____ Grade _____

Parent/Guardian applying for scholarship _____ Marital Status _____

Occupation _____ Employer _____ Annual Income _____

Spouse's Name _____

Occupation _____ Employer _____ Annual Income _____

Other sources of income? _____

How many children will be enrolled at FCA? _____

Amount of scholarship funds requested (not to exceed 1/2 of tuition) _____

Why are you requesting these funds? _____

What are your goals or purposes in sending your child to Foundation Christian Academy?

Do you intend for your child's Christian Education to continue at FCA? _____

Proof of income (1st page of Tax Return OR Copies of Recent Pay Stubs) are attached? YES NO

I, _____, attest that the information given above is true. Furthermore, I understand that not all scholarship requests will be granted at the requested amounts. Processing time for scholarship applications takes approximately 1 month. Notifications will be sent by mail to address given above.

Signature _____ Date _____