



FIRST BAPTIST CHRISTIAN ACADEMY SCHOLARSHIP APPLICATION

Date: _____

Student's Name _____

Address _____

Age _____ Entering Grade _____ Phone _____

Christian? Yes No Church Member? Yes No Where? _____

How often does student attend church? ___Weekly ___Monthly ___Rarely ___Never

Name of Parent or Guardian _____

Address _____

Father Christian? Yes No Church Member? Yes No Where? _____

How often does father attend church? ___Weekly ___Monthly ___Rarely ___Never

Mother Christian? Yes No Church Member? Yes No Where? _____

How often does mother attend church? ___Weekly ___Monthly ___Rarely ___Never

FINANCIAL INFORMATION

Father employed? Yes No Occupation _____

Mother employed? Yes No Occupation _____

Father's approximate annual income _____

Mother's approximate annual income _____

Other Income for family: social security, retirement, etc. _____

Total annual income _____

How much scholarship aid is needed to attend? ___1/4 ___1/3 ___1/2 ___3/4

For qualified applicants a scholarship may be available for grades which are not at full capacity. Please be aware that scholarships of 50% or more are rarely offered.

FAMILY INFORMATION

Name(s) of other children:	Age	Attending FBCA? (Grade)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any other dependents live in the home? _____

How long do you plan to attend FBCA? _____

- **Enclose a copy of your 1040 tax form.**
- **Please list any other information that you feel is related to your qualification for financial aid on the back.**