



MT. CARMEL CHRISTIAN ACADEMY

2331 US Hwy Bsn 340
Luray, VA 22835
Phone: (540) 743-9558

**Tuition Assistance
Program Application
2020-2021 School Year**
(All information is confidential)

I. BASIC INFORMATION

Date of application: _____

Student(s) name(s): _____

Mother's name: _____

Father's name: _____

Student lives with: Both Mother Father Mother & Stepfather Father & Stepmother

Street Address: _____

City/State/Zip: _____

Home phone: _____

Father's cell phone: _____

Mother's cell phone: _____

Father's employer: _____

Employer's address: _____

Employer's phone number: _____

Mother's employer: _____

Employer's address: _____

Employer's phone number: _____

Current school: _____

Grade(s) students will be entering: _____

Church attending: _____

Pastor: _____

Has your church been asked to support your child(ren) in your desire for Christian education? yes no

Frequency of church attendance: weekly couple times a month occasional hardly ever

Do you give regularly to the Lord's work? _____

FACTS account number: _____

II. ACADEMIC MERITS

For High School Students Only:

Cumulative GPA: _____ Current GPA (of most recently completed semester): _____

Please list any academic awards or recognitions:

The student's behavior is: Excellent Very Good Good Poor Poor, but improving

For Elementary Students Only:

The student's grades are: Superior Above Average Average Below Average

Failing

Please list any academic awards or recognitions:

The student's behavior is: Excellent Very Good Good Poor Poor, but improving

III. STUDENT'S EXTRA CURRICULAR ACTIVITIES

A. Clubs/Organizational Involvements: _____

B. Ministries or involvement within the church: _____

C. Other community/Christian services: _____

D. Sports activities: _____

IV. FINANCIAL INFORMATION

1. Do you own your home? yes no What is its approximate value? _____

2. Number of children at your home that you claim as dependents: _____

3. Circle your total annual income range:

 \$0 - \$20,000 \$20,000 - \$35,000 \$35,000 - \$45,000 \$45,000 - \$55,000 \$55,000+

4. Monthly income:

Income from wages (husband) \$ _____

Income from wages (wife) \$ _____

Income from disability (husband) \$ _____

Income from disability (wife) \$ _____

Income from welfare (husband) \$ _____

Income from welfare (wife) \$ _____

Income from social security (husband) \$ _____

Income from social security (wife) \$ _____

Income from food stamps (parents) \$ _____

Income from retirement (parents) \$ _____

Income from unemployment (husband) \$ _____

Income from unemployment (wife) \$ _____

Other income \$ _____

5. Monthly expenses:

Vehicle payments \$ _____

Loan payments \$ _____

Utilities (gas, electric, water, etc.) \$ _____

House payment or rent \$ _____

Food \$ _____

Clothing \$ _____

Medical/dental \$ _____

Recreation/entertainment \$ _____

Educational expenses for other children \$ _____

Auto insurance \$ _____

Health insurance (unless included in payroll deduction) \$ _____

Life insurance	\$ _____
Property insurance	\$ _____
Credit card payments	\$ _____
Church or charitable giving	\$ _____
Tuition being paid at present	\$ _____
Payroll deductions	\$ _____
Misc. expenses (gasoline, car repairs, etc.)	\$ _____

6. Please explain your need for a scholarship.

7. Please explain why it is important for your child to attend Mt. Carmel Christian Academy.

8. Because Mt. Carmel Christian Academy will be helping to fund your child's education, we ask that you, in turn, help as you are able in some of our extra-curricular fund raising and service endeavors. Please check which of the following that you would be willing to help us with.

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Ball game concessions | <input type="checkbox"/> Car Show | <input type="checkbox"/> Morning door greeter/monitor |
| <input type="checkbox"/> Parent-teacher fellowship | <input type="checkbox"/> Fruit sales | <input type="checkbox"/> Tutoring students |
| <input type="checkbox"/> Wherever there is a need | | |

V. Please carefully read the following agreement. Please initial each point and sign your consent.

_____ **I/we declare that the information on this form is accurate, and I/we agree to notify MCCA immediately if circumstances change and a scholarship is no longer needed.**

_____ **I/we understand that a MCCA scholarship is for half of the monthly tuition and I/we will be responsible for the other half of the monthly tuition, registration, and book fees, unless other arrangements have been made.**

_____ I/we understand that our child's scholarship is dependent on his/her good attendance, acceptable behavior, academic success or visible effort to achieve that success, and parental participation in fund-raising events, when possible.

_____ I/we understand that no waiver will be considered until our FACTS account is set up.

_____ I/we understand that this scholarship is only for this academic year.

Parent signature

Parent signature

Parent printed name

Parent printed name