

# Calvary Christian Academy

## Scholarship Application – Web Download

### Instructions for completing this form

#### **IMPORTANT – READ THIS FIRST**

This application form must be printed. If you do not have the ability to print from the computer where you are viewing this document you must obtain a preprinted application from the school. You may pick one up in person or call and request that one be mailed to you. If you **do** have a printer please continue with the following instructions.

TO FILL THIS FORM OUT BY HAND simply print the form then fill in blanks with a blue or black ink pen. 'Yes', 'No', or other enumerated items can be marked with a check mark or an 'X'. All date fields should be entered in standard American 'MM/DD/YYYY' format (example: 05/17/2006).

TO FILL OUT THIS FORM USING YOUR COMPUTER click on the first blank line at the top of the first page. A blinking cursor should appear indicating you can type information on that line. After entering information in a field you can advance to the next field by pressing the 'Tab' key or by clicking on the next field using the mouse. After you have filled in all the blanks, print the form.

Sign all necessary signature lines. Mail or deliver the completed form to the school. Only the three application pages and required documentation need to be sent to the school. **IMPORTANT – If you are mailing your application please be sure to attach sufficient postage or your application may be returned.**

Calvary Christian Academy  
Scholarship Committee, Sue Tidwell  
1401 Oakhurst Scenic Drive  
Fort Worth, TX 76111

*NOTE ON USING ADOBE ACROBAT READER TO COMPLETE THE FORM: You cannot save the data you enter in the fields if you are using the free Acrobat Reader. You must complete and print the form. The data you type will be lost when you close Acrobat Reader. If you have the full version of Acrobat, either Professional or Standard, you can save the data you enter into a file.*

Thank you for considering Calvary Christian Academy for the academic and spiritual education of your child. For help call (817) 332-3351.



# Calvary Christian Academy

1401 Oakhurst Scenic Drive

Fort Worth, TX 76111

Phone (817) 332-3351, FAX (817) 332-4621, [www.calvaryacademy.com](http://www.calvaryacademy.com)

## Scholarship Criterion

**Scholarships are awarded according to need, the merits of each applicant, monies available, class placement, and priorities established by the Scholarship Committee. These priorities include:**

- **Single parent families with limited income**
- **Emergency circumstances that call for temporary assistance**
- **Church membership in Calvary Cathedral International**

**Scholarships generally cover only a portion of the tuition cost. Parents and/or guardians are responsible for all remaining tuition and fees. Failure to meet this financial responsibility will result in discontinuance of aid. A scholarship is not automatically renewed from year to year. Parents and/or guardians must reapply each school year. No assurances can be given in advance that aid will be granted the following year. Students must remain in good standing academically and behaviorally to receive or continue receiving financial assistance.**

**A completed student application and a copy of the household's most recent federal income tax return must accompany the scholarship application. If applying for aid for more than one student a separate scholarship application for each child must be completed. *Applications will be accepted between February 1 and June 15 prior to the school year for which the aid is requested.* Falsification of any information will disqualify the applicant from any award of benefit.**

**All information submitted is considered confidential and will be reviewed only by the Scholarship Committee of Calvary Christian Academy.**

**Should the applicant family's financial status change during the period that scholarship aid is in effect the family is required to notify the Scholarship Committee of the change.**

Scholarship funds are limited. However, you may be a candidate for benefits. In evaluating applications, factors such as family size, reasonable debt load, medical expenses, etc. may be considered. If, after reading this Scholarship Criterion, you believe you may qualify for assistance, complete the application form and submit with all other required forms and documents to:

Calvary Christian Academy  
Scholarship Committee, Sue Tidwell  
1401 Oakhurst Scenic Drive  
Fort Worth, TX 76111

Applicants will be notified by June 30 if a scholarship is awarded.



# Calvary Christian Academy

1401 Oakhurst Scenic Drive

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## SCHOLARSHIP APPLICATION

For school year 20\_\_ - 20\_\_

Today's date \_\_\_/\_\_\_/\_\_\_\_\_

### **Student Information** (a separate application is required for each student)

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (mid) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Grade this student will enter in year applied for \_\_\_\_\_

### **Additional Children Information**

Total number of school age children \_\_\_\_\_

Total number attending Calvary Christian Academy \_\_\_\_\_

### **Family Information – Parent/Guardian**

Relationship to student: Father \_\_\_\_\_ Step-Father \_\_\_\_\_ Mother \_\_\_\_\_ Step-Mother \_\_\_\_\_

Other \_\_\_\_\_ explain \_\_\_\_\_

Is the following person the primary legal guardian of this student? YES \_\_\_\_\_ NO \_\_\_\_\_

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (mid) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Pager (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Annual gross (before taxes) income \_\_\_\_\_

Church Attending \_\_\_\_\_

Church Member: YES \_\_\_ NO \_\_\_

Tithing: YES \_\_\_ NO \_\_\_

### **Family Information – Parent/Guardian**

Relationship to student: Father \_\_\_\_\_ Step-Father \_\_\_\_\_ Mother \_\_\_\_\_ Step-Mother \_\_\_\_\_

Other \_\_\_\_\_ explain \_\_\_\_\_

Is the following person the primary legal guardian of this student? YES \_\_\_\_\_ NO \_\_\_\_\_

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (mid) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Pager (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Annual gross (before taxes) income \_\_\_\_\_

Church Attending \_\_\_\_\_

Church Member: YES \_\_\_ NO \_\_\_ Tithing: YES \_\_\_ NO \_\_\_

### **Family Information – Parent/Guardian**

Relationship to student: Father \_\_\_\_\_ Step-Father \_\_\_\_\_ Mother \_\_\_\_\_ Step-Mother \_\_\_\_\_

Other \_\_\_\_\_ explain \_\_\_\_\_

Is the following person the primary legal guardian of this student? YES \_\_\_\_\_ NO \_\_\_\_\_

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (mid) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Pager (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Annual gross (before taxes) income \_\_\_\_\_

Church Attending \_\_\_\_\_

Church Member: YES \_\_\_ NO \_\_\_ Tithing: YES \_\_\_ NO \_\_\_

**Financial Information**

Total combined gross household income \_\_\_\_\_

Do you receive other income such as Social Security, pensions, child support, etc.? YES \_\_\_ NO \_\_\_

If YES explain \_\_\_\_\_ Total yearly amount \_\_\_\_\_

**Additional Information**

Briefly explain why your child is in Christian school or why you desire for your child to be in Christian school. (Attach additional pages as needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain why your child needs a scholarship. (Attach additional pages as needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below and submitting this application I/we acknowledge understanding that money awarded through the Calvary Christian Academy Scholarship Fund is granted based upon the student meeting the Scholarship Criterion established by the Scholarship Committee. I/we also understand that the student must be, and continue, in good standing academically and behaviorally with Calvary Christian Academy to qualify for an award. Further, I/we understand that scholarship funds are limited and that applying for a scholarship does not guarantee an award. I/we also acknowledge that scholarships do not carry over nor automatically renew from year to year. A new application must be submitted for each school year.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

*Calvary Christian Academy admits students of any race, color, national origin, and ethnic background. All student admitted are granted all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Calvary Christian Academy does not discriminate based on race, color, national origin, or ethnic background in administration of educational policies, administrative policies, scholarship programs, or any other school administered program or activity.*