**First Christian School Scholarship Application**

Purpose: To award financial assistance to a new or existing student to assist with the cost of tuition. Award will be based on merit and financial need.

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family size:\_\_\_\_\_\_\_ Total Family Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer/type the questions below on a separate sheet and attach to the application.

1. Who/what has influenced your decision to apply to FCS?
2. How can FCS make a positive impact on the student?
3. What are the student’s academic accomplishments thus far?
4. State any special, personal, or family circumstances affecting your need for financial assistance.
5. Provide a family statement of faith.
6. Provide a pastoral reference for the student.
7. Provide any additional information that will help the Board process the application and understand how this scholarship will positively benefit the student and family.

* Scholarships will be reviewed and awarded by a committee consisting of members of the School Board of First Christian School and the Deacon Board of First Baptist Church.
* The availability and number of scholarships will be determined by the Committee based on the school budget and open seats in each class.
* The scholarship will cover partial tuition for the school year. Registration and Supply fees will apply to the balance of tuition.
* Applicants and/or parents must answer the questions above and provide other supporting documentation as requested by the Committee.
* Potential students may need to be assessed to determine grade placement.
* The Committee may choose to interview applicants.

**Return application to: FCS, 414 N. Mecklenburg Ave., South Hill, VA 23970**

**For Additional Information please contact Erinn Baird, Headmistress, 434-447-2634**

**I have read and understand the guidelines for eligibility and receiving an award. To the best of my knowledge the information I have provided is true and accurate. I authorize the release of the information to the members of the FCS Board.**

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**Parent Signature Date**