



**Mt. Calvary Christian Academy**  
a ministry and part of Mt. Calvary Free Will Baptist Church  
**Mrs. Bobbie Harrison Alumni Scholarship Application**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Student(s) Applying For: \_\_\_\_\_  
\_\_\_\_\_

Grade Level of Student(s): \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Do you have an outstanding balance at another Christian school? \_\_\_\_\_ Balance \_\_\_\_\_

Please list names and ages of the other children in your family: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

A. I am: (Check one) \_\_\_\_\_ Buying my home \_\_\_\_\_ Renting my home.

B. How long have you lived at the above address? \_\_\_\_\_

C. Previous Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Position: \_\_\_\_\_

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

Monthly Salary: \_\_\_\_\_ Gross \_\_\_\_\_ Net \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Position: \_\_\_\_\_

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

Monthly Salary: \_\_\_\_\_ Gross \_\_\_\_\_ Net \_\_\_\_\_ Business Phone: \_\_\_\_\_

List any other source(s) of income and amount(s): \_\_\_\_\_  
\_\_\_\_\_

Banking Information: Name: \_\_\_\_\_

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

\_\_\_\_\_ Checking: Balance \_\_\_\_\_ Savings: Balance \_\_\_\_\_

\_\_\_\_\_ Cds                      \_\_\_\_\_ Bonds                      \_\_\_\_\_ Stocks

\_\_\_\_\_ TSA                      \_\_\_\_\_ IRA                      \_\_\_\_\_ Other:

What portion of the monthly/yearly tuition will you be able to pay? \_\_\_\_\_

What portion of the tuition do you wish the church to pay? \_\_\_\_\_

Are you faithfully attending a church?      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Name of church: \_\_\_\_\_

Do you faithfully tithe 10% of your gross pay to a local church? \_\_\_\_\_

Does your church assist families with needs in tuition scholarship? \_\_\_\_\_

Is your MCCA tuition account currently paid in full? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If not, how far in arrears is it? \_\_\_\_\_

**By completing and signing this application, I am applying for the Bobbie Harrison Alumni Scholarship funds. I have completed every portion of this application. I do agree to fully support Mt. Calvary Christian Academy in all areas. I will regularly meet with my child's teacher so that I can assist my child in needed areas. I understand that both parents must meet with the Administrator prior to final approval of scholarship. I also agree to pay all other school fees by their deadline-dates, realizing that the scholarship fund is designed to help tuition costs only.**

Total amount requested: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by the Pastor and Board of Mt. Calvary FWB Church:      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Recommendation: \_\_\_\_\_

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**PROCEDURE**

1. Both parents must complete and sign the application.
2. One parent must write a letter to accompany this application to the school board.
3. Submit this application and letters to the Mt. Calvary school office. Mrs. Dixon will call you to make an appointment with the school administrator.
4. The application will be submitted to the Pastor and deacons.
5. Parents will be notified of the decision by the school office manager.

PLEASE USE ANOTHER PAGE TO EXPLAIN TO THE PASTOR AND DEACON BOARD WHY YOU WANT YOUR CHILD TO ATTEND A CHRISTIAN SCHOOL. MT. CALVARY CHRISTIAN ACADEMY IN PARTICULAR. YOU SHOULD ALSO EXPLAIN THE CIRCUMSTANCES SURROUNDING YOUR NEED FOR FINANCIAL ASSISTANCE.

DECISION: _____ _____ _____ _____ _____
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