

**SCHOLARSHIP APPLICATION**

Dear Parents,

Thank you for your interest in either returning or starting at Cleburne Christian Academy. This application is to help us be responsible with the scholarship funds that have been entrusted to us. Please fill out this application completely and honestly to the best of your ability. Thank you again for your interest and support of Cleburne Christian Academy.

Grace and peace,

John Turner

Head Administrator of Cleburne Christian Academy

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| **APPLICANT INFORMATION** |  |  |
| Student First Name: |  | Student Last Name: |  | Grade: |  |
| Home Address: |  |
| City: |  | State: |  | Zip: |  |
|  Parent(s) Names: |  |  |  |
| Parent Email: |  |
| Parent Email: |  |
| Parent Phone: |  | Parent Phone: |  |
| If student does not reside with both parents, please indicate with whom the student resides: |  |
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| **PROGRAM AND FINANCIAL REQUEST INFORMATION** |  |  |
| School Year: |  |  |  |
| Household Budget: |  Monthly Income: | Monthly Expenses: | Monthly Difference: |
| Regular Tuition: | + | $ |
|  Monthly Tuition: | + | $ |
| Expected Family Contribution: | - | $ |
|  Church/Extended Family/Other Contribution: | - | $ |
| Total Amount Requested: | = | $ |

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| **FOR OFFICE USE ONLY** |
| Date received: |  | Received by: |  | Scholarship award: | $ |
| Reviewed by: |  | Approved by: |  | Need/Merit: | Need Merit |