



Financial Aid Application

Date:

School Year

Student First Name M.I. Last Name

Date of Birth (Month/Date/Year): Gender: Male Female

Student Social Security Number

Grade Entering in Fall K 1 2 3 4 5 6

Student Mailing Address (PO Box or Street)

City State Zip

Name of Parent #1 / Guardian / Primary Custodian

First Name M.I. Last Name Suffix

Phone Number Gender: Male Female

Relationship to Student Marital Status

Custodial rights? Yes No Financial Responsibility? Yes No

Email

Preferred Method of Contact: Phone Call Text Email

Physical Address

City State Zip

Employer Name

Address

City State Zip

Phone Number

Name of Parent #2 / Guardian / Primary Custodian

First Name M.I. Last Name Suffix

Phone Number Gender: Male Female

Email

Preferred Method of Contact: Phone Call Text Email

Physical Address

City State Zip

Employer Name

Address

City State Zip

Phone Number

Does student have siblings? Yes No

Is Parent/Guardian #1 married to Parent/Guardian #2? Yes No

If yes, give total number of family members in the household.

If no, give total number of family members in the household of parent/guardian #1.

Give total number of family members in the household of parent/guardian #2.

Financial Information of Parent/Guardian(s):

What is the approximate total annual income of parent/ guardian?

parent/guardian #1

parent/ guardian #2

Do you have a home mortgage? Yes No

Do you rent a housing unit? Yes No

Cost of monthly mortgage or rent?

Give Year, Make, Model of Vehicle(s) used in transportation:

Vehicle #1 Year Make Model

Monthly Payment for vehicle #1

Vehicle #2 Year Make Model

Monthly Payment for vehicle #2

Vehicle #3 Year Make Model

Monthly Payment for vehicle #3

Do you have any dependents that are in childcare? Yes No

If yes, how much is spent on childcare each month?

I declare that all the information I have provided on all pages of this application is true and accurate to the best of my knowledge. I understand that misrepresentations or incorrect information provided to Solid Rock Christian Academy can result in revocation of my eligibility.

Parent / Guardian #1 Signature Date:

Parent / Guardian #2 Signature Date:

All required documentation must be provided. Incomplete applications will not be considered nor processed until all required documentation has been provided to SRCA.

Write how this scholarship would help you.

Describe the involvement of your family in church.

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above. The box occupies most of the page's vertical space.

Pastor Recommendation

This section of the application should be completed by your pastor.

Name of Student:

Note to Pastor:

The purpose of this section is to express your knowledge about the applicant's involvement in church and provide information about the need for financial assistance. This information will assist the scholarship committee in evaluating those who should receive financial assistance. This section of the application should not be shared with the applicant and the scholarship committee will keep your identity confidential.

Complete this form, any letters of recommendation, **place in a sealed envelope with your signature across the seal**, and return to

Solid Rock Christian Academy
Attn: Scholarship Committee
2645 White Drive
Batesville, AR 72501

Pastor Name:

Mailing Address

City State Zip

Phone Number

Email

Name of Church

Mailing Address

City State Zip

Phone Number

Is the student and/or family a member of your church? Yes No

How long have you known the student and/or family?

How many family members are a member of your church?

Does the family attend church regularly? Yes No

Approximately how many church meetings does the family attend each month?

What is the family's involvement in church? Do they support the church programs (i.e., youth activities, Bible Studies, VBS, etc.)?

Does the student/family need financial assistance? Justify your answer.

Please provide any additional information that would be helpful to the scholarship committee.

If you feel that this student should receive financial aid to attend Solid Rock Christian Academy, please write a letter of recommendation and attach to this application.

Signature of Pastor: