



SPRING MOUNTAIN CHRISTIAN ACADEMY

Scholarship Application

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Due: June 15

Eligibility

The applicant:

- ✓ Attending Spring Mountain Christian Academy for at least **one year**
- ✓ Has a GPA of 3.85 or above
- ✓ Is a high school student in the upcoming academic year
- ✓ Exemplary behavior

For Scholarship Committee only:

____ Eligible
 ____ Not Eligible

STUDENT INFORMATION

Last Name _____ First _____ Middle Initial _____

Mailing Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ Email Address _____

Date of Birth: Month _____ Day _____ Year _____

Grade in school **next** school year: 9 10 11 12

Anticipated date of high school graduation: Month _____ Year _____

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past year** (e.g., music, sports, etc.). List all community activities in which you have participated without pay during the **past year** (e.g., volunteer, ACSI events, etc). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long- term goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

CERTIFICATION

Scholarship Committee has the sole responsibility for selecting recipients based on criteria as set forth in the program guidelines. This application becomes the property of Spring Mountain Christian Academy Scholarship Program.

*I understand that scholarship may be granted for one year only and is revised after 1st semester. The minimum amount is \$250 per semester, maximum is \$500 per year. I understand that I may lose eligibility for scholarship if I will be placed on behavior probation and if my GPA for 1st semester will be lower than **3.70** I understand that I should maintain the exemplarily behavior.*

I acknowledge decisions of Scholarship are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. I understand that Scholarship Application fee of \$25 is not refundable.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____