

Due: June 15

SPRING MOUNTAIN CHRISTIAN ACADEMY Scholarship Application

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

√ Has a GF √ Is a high	ing Spring Mountain Christian Academy for at least one year GPA of 3.70 or above gh school student in the upcoming academic year plary behavior							For Scholarship Committee only: Eligible Not Eligible			
STUDENT INFORMATION	Last Name				First			Middle Initial			
	Mailing Address				Apartment #						
		_ State									
	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 you have participated v	in which without p No. of Years Partic.	n you have participate pay during the past y Special Awards, Honors	ed during the past ear (e.g., volunteer	year (e.g., music, spo , ACSI events, etc). N	rts, etc.) Note all s No. of Years Partic.	. List all com special award Special Av Honor	ls, honor	ctivities in which s and 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, wo MSTANCES 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 1 st 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 1 st 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					