



Faith Baptist Christian Academy

Excellence in Education

PO Box 100 / 12 S. McDonald St. Ludowici, GA 31316
Phone: 912-545-9136

2013-2014

Academic Year

SCHOLARSHIP – COVER SHEET

Any student(s) applying for scholarship is subject to the following guidelines:

1. An application for scholarship/financial aid must have complete information on both the student and parent/guardian.
2. A scholarship can't be applied to delinquent tuition.
3. Behavioral/Academic probation can result in loss of scholarship.
4. FBCA reserves the right to require a parent/guardian to submit verifiable proof of household income.
5. Faith Baptist Christian Academy Scholarship Committee determines any exceptions on a case by case basis.
6. The student(s) applying for the scholarship must be a resident of Georgia.
7. FBCA scholarship committee requires that all applicants must be enrolled in a GA public school for the 2010-2011 school year or eligible to enroll in K4 or K5

Household Information

Parent/Guardian A

Last Name _____ First Name _____
Address _____ Suite/Apt. No. _____
City _____ State/ _____ Zip/Postal _____ - _____
Province _____ Code _____
Country _____ Date of Birth mm/dd/yy _____
Email _____

Parent/Guardian B

Last Name _____ First Name _____
Address _____ Suite/Apt. No. _____
City _____ State/ _____ Zip/Postal _____ - _____
Province _____ Code _____
Country _____ Date of Birth mmddyy _____
Email _____

Student Application

Student A

Last Name _____ First Name _____ MI _____ Suffix _____
Address _____ Suite/Apt. No. _____
Date of Birth mm/dd/yy _____ Gender ☐ M ☐ F Grade student will enter in September 2010 _____
Student lives with: (select one) ☐ Parent/Guardian A and B ☐ Parent/Guardian A ☐ Parent/Guardian B ☐ Other

Student B

Last Name _____ First Name _____ MI _____ Suffix _____
Address _____ Suite/Apt. No. _____
Date of Birth mm/dd/yy _____ Gender ☐ M ☐ F Grade student will enter in September 2010 _____
Student lives with: (select one) ☐ Parent/Guardian A and B ☐ Parent/Guardian A ☐ Parent/Guardian B ☐ Other

Student C

Last Name _____ First Name _____ MI _____ Suffix _____
Address _____ Suite/Apt. No. _____
Date of Birth mm/dd/yy _____ Gender ☐ M ☐ F Grade student will enter in September 2010 _____
Student lives with: (select one) ☐ Parent/Guardian A and B ☐ Parent/Guardian A ☐ Parent/Guardian B ☐ Other

Student D

Last Name _____ First Name _____ MI _____ Suffix _____
Address _____ Suite/Apt. No. _____
Date of Birth mm/dd/yy _____ Gender ☐ M ☐ F Grade student will enter in September 2010 _____
Student lives with: (select one) ☐ Parent/Guardian A and B ☐ Parent/Guardian A ☐ Parent/Guardian B ☐ Other

We, the undersigned, do certify that all of the information contained in the application is both true and accurate to the best of our knowledge.

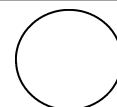
Signature _____ by ☐ Parent/Guardian A ☐ Parent/Guardian B Date mm/dd/yy _____

For FBCA Use Only

Received by: _____

Date: _____

APPLICATION #





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SCHOLARSHIP – SELECTION CRITERIA

Any student(s) eligible for a scholarship will be evaluated based on the following guidelines:

- A. Participation in the Georgia Private School Tax Credit—SSO program
- B. Dollar amount of referrals collected by SSO program
- C. Financial need
- D. Participation in FBCCA service projects
- E. Number of Children attending FBCCA

A GA Private School Tax SSO participation

PARENT PARTICIPATING IN SSO FOR 2010:

Last Name _____ First Name _____

AMOUNT FOR PARENT PARTICIPATION IN SSO FOR 2010 (per year):

☐ \$2,500 ☐ \$1,500 to \$2,499 ☐ \$500 to \$1,499 ☐ \$1 to \$499

B SSO referrals information

REFERRAL #1—PARTICIPATING IN SSO FOR 2010:

Last Name _____ First Name _____

ANTICIPATED AMOUNT FOR RREFERRAL #1 PARTICIPATION IN SSO FOR 2010 (per year):

☐ \$8,000 and UP ☐ \$5,000 to \$8,499 ☐ \$2,500 to \$4,999 ☐ \$1,000 to \$2,499 ☐ \$1 to \$999

REFERRAL #2—PARTICIPATING IN SSO FOR 2010:

Last Name _____ First Name _____

ANTICIPATED AMOUNT FOR RREFERRAL #1 PARTICIPATION IN SSO FOR 2010 (per year):

☐ \$8,000 and UP ☐ \$5,000 to \$8,499 ☐ \$2,500 to \$4,999 ☐ \$1,000 to \$2,499 ☐ \$1 to \$999

REFERRAL #3—PARTICIPATING IN SSO FOR 2010:

Last Name _____ First Name _____

ANTICIPATED AMOUNT FOR RREFERRAL #1 PARTICIPATION IN SSO FOR 2010 (per year):

☐ \$8,000 and UP ☐ \$5,000 to \$8,499 ☐ \$2,500 to \$4,999 ☐ \$1,000 to \$2,499 ☐ \$1 to \$999

REFERRAL #4—PARTICIPATING IN SSO FOR 2010:

Last Name _____ First Name _____

ANTICIPATED AMOUNT FOR RREFERRAL #1 PARTICIPATION IN SSO FOR 2010 (per year):

☐ \$8,000 and UP ☐ \$5,000 to \$8,499 ☐ \$2,500 to \$4,999 ☐ \$1,000 to \$2,499 ☐ \$1 to \$999

REFERRAL #5—PARTICIPATING IN SSO FOR 2010:

Last Name _____ First Name _____

ANTICIPATED AMOUNT FOR RREFERRAL #1 PARTICIPATION IN SSO FOR 2010 (per year):

☐ \$8,000 and UP ☐ \$5,000 to \$8,499 ☐ \$2,500 to \$4,999 ☐ \$1,000 to \$2,499 ☐ \$1 to \$999

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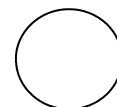
Signature _____ by ☐ Parent/Guardian A ☐ Parent/Guardian B Date mm/dd/yy _____

For FBCCA Use Only

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- C. Financial need
- D. Participation in FBCA service projects
- E. Number of Children attending FBCA

C Household Income

PARENT COMBINED ADJUSTED GROSS INCOME PER 2009 TAX FORMS*:

AMOUNT FOR PARENT PARTICIPATION IN SSO FOR 2010 (per year):

☐ \$0 TO \$39,999 ☐ \$40,000 to \$79,000 ☐ \$80,000 to \$119,000 ☐ \$120,000 and UP

* GCS reserves the right to require a parent/guardian to submit verifiable proof of household income.

D FBCA—Service Project Participation *

* Volunteers must be related to scholarship applicant

VOLUNTEER #1

Last Name _____ First Name _____

VOLUNTEER #1 PARTICIPATION DURING 2009-2010 ACADEMIC YEAR:

☐ BUILDING/GROUNDS RENOVATIONS ☐ CAFETERIA ☐ FUNDRAISING
☐ GROUNDS MAINTENANCE ☐ OTHERS: _____

VOLUNTEER #2

Last Name _____ First Name _____

VOLUNTEER #2 PARTICIPATION DURING 2009-2010 ACADEMIC YEAR:

☐ CONCESSIONS ☐ BUILDING/GROUNDS RENOVATIONS ☐ CAFETERIA ☐ FUNDRAISING
☐ VOLUNTEER IN LIBRARY ☐ GROUNDS MAINTENANCE ☐ OTHERS: _____

E Children Attending FBCA*

* This number must include the scholarship applicants

CHILD A	<input type="checkbox"/> K4 FULL DAY	<input type="checkbox"/> K5	<input type="checkbox"/> GRADES 1 to 5	<input type="checkbox"/> GRADES 6 to 8
CHILD B	<input type="checkbox"/> K4 FULL DAY	<input type="checkbox"/> K5	<input type="checkbox"/> GRADES 1 to 5	<input type="checkbox"/> GRADES 6 to 8
CHILD C	<input type="checkbox"/> K4 FULL DAY	<input type="checkbox"/> K5	<input type="checkbox"/> GRADES 1 to 5	<input type="checkbox"/> GRADES 6 to 8
CHILD D	<input type="checkbox"/> K4 FULL DAY	<input type="checkbox"/> K5	<input type="checkbox"/> GRADES 1 to 5	<input type="checkbox"/> GRADES 6 to 8

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Signature _____ by ☐ Parent/Guardian A ☐ Parent/Guardian B Date mm/dd/yy _____

For FBCA Use Only

Received by: _____

Date: _____

APPLICATION #

