

Faith Baptist Christian Academy

Excellence in Education

PO Box 100 / 12 S. McDonald St. Ludowici, GA 31316 Phone: 912-545-9136 2020-2021

Academic Year

SCHOLARSHIP - COVER SHEET

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

- 1. An application for scholarship must have complete information on both the student and parent/guardian.
- 2. A scholarship cannot 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.

Household Information

	Last Name First Name				
'arent/Guardian	Address		Suite/Apt. No		
nt/Gua	City		State/	Zip/Postal	
Pare	Country		Date of Birth mm	/dd/yy	
8	Last Name	First 1	Name		-
ardiaı	Address		Suite/Apt. No		
Parent/Guardia	City		State/	Zip/Postal	
Pare	Country		Date of Birth mm	/dd/yy	
St	Last Name	First N	Name		MI
	Address		Suite/Apt. No		
	Date of Birth mm/dd/yy Gender	DM DF	Grade	student will enter in Sep	tember 2010
We	e, the undersigned, do certify that all of the information contained in	the application is both true ar	nd accurate to the best of	f our knowledge.	
Sig	mature by [Parent/Guardian A Pare	ent/Guardian B Date	e mm/dd/yy	
PAGE 1 OF 3		For FBCA Use Only			
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SCHOLARSHIP - S	SELECTION	CRITERIA
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Any student(s) eligible for a scholarship will be evaluated based on the fol	lowing 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 FBCA service projects				
E. Number of Children attending FBCA				
A GA Private School Tax SSO pa	rticipation			
PARENT PARTICIPATING IN SSO FOR 2010:				
Last Name	First Name		-	
AMOUNT FOR PARENT PARTICIPATION IN SSO FOR 2010 $\hfill \square$	(per year):			
\$2,500 \$1,500 to \$2,499 \$500	to \$1,499	\$499		
B SSO referrals information				
REFERRAL #1—PARTICIPATING IN S	SSO FOR 2010:			
Last Name	First Name			
ANTICIPATED AMOUNT FOR RREFERRAL #1 PART	ICIPATION IN SSO FOR 2	010 (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 S	SSO FOR 2010:			
Last Name	First Name			
ANTICIPATED AMOUNT FOR RREFERRAL #1 PART	TCIPATION IN SSO FOR 2	010 (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 S	SSO FOR 2010:			
Last Name	First Name			
ANTICIPATED AMOUNT FOR RREFERRAL #1 PART	TCIPATION IN SSO FOR 2	010 (per year):		
□ \$8,000 and UP	\$ \$2,500 to \$4,999	\$1,000 to \$2,499	\$ 1 to \$999	
REFERRAL #4—PARTICIPATING IN S	SSO FOR 2010:			
Last Name	First Name			
ANTICIPATED AMOUNT FOR RREFERRAL #1 PART	ICIPATION IN SSO FOR 2	010 (per year):		
□ \$8,000 and UP	\$ \$2,500 to \$4,999	\$1,000 to \$2,499	\$ 1 to \$999	
		., .,		
REFERRAL #5—PARTICIPATING IN S	SO FOR 2010:			
Last Name	First Name			
ANTICIPATED AMOUNT FOR RREFERRAL #1 PART	ICIPATION IN SSO FOR 20	10 (per year):		
□ \$8,000 and UP □ \$5,000 to \$8,499	\$ \$2,500 to \$4,999	\$1,000 to \$2,499	\$ 1 to \$999	
We, the undersigned, do certify that all of the information con	ntained in the application is b	oth true and accurate to the	best of our knowledge.	
Signature	by □Parent/Guardian A	A Parent/Guardian B	Date mm/dd/yy	
	For FBCA	Use Only		
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2020-2021

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Any student(s) eligit	ble for a scholarship will be ev	valuated based on the f	following guidelines:		
 B. Dollar amount of C. Financial need 	he Georgia Private School Tax f referrals collected by SSO pro 7BCA service projects ren attending FBCA		m		
C House	hold Income				
PARENT COMB	BINED ADJUSTED GI	ROSS INCOME	PER 2009 TAX FORMS*:		
AMOUNT FOR PA	ARENT PARTICIPATION	N IN SSO FOR 201	0 (per year):		
\$ 50 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/g	uardian to submit v	verifiable proof of household income.		
D FBCA-	-Service Proj	ect Partici	ipation *	* Volunteers must be related to scholarshin annlicant	
VOLUNTE	EER #1				
			First Name		
VOLUNTEER #1	PARTICIPATION D	URING 2009-20	10 ACADEMIC YEAR:		
□ ■BUILDING/GRC ■GROUNDS MAI	DUNDS RENOVATIONS			NDRAISING	
VOLUNT	EER #2				
Last Name			First Name		
VOLUNTEER #	\$2 PARTICIPATION I	DURING 2009-2	010 ACADEMIC YEAR:		
CONCESSION		OUNDS RENOVA		TERIA Image: Constrained and Constrai	
E Childre	en Attending F	BCA*		* This number must include the scholarshin annlicants	
CHILD A	K4 FULL DAY	□ к5	GRADES 1 to 5	GRADES 6 to 8	
CHILD A CHILD B	□K4 FULL DAY	□K5	GRADES 1 to 5	GRADES 6 to 8	

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 _____

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Received by: _

Date:

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