

**NEW CASTLE CHRISTIAN ACADEMY
APPLICATION FOR SCHOLARSHIP ASSISTANCE**

Date _____

Number of children in family _____ Number of children attending NCCA _____

Child's name _____ Date of birth _____ Grade entering _____

Child's name _____ Date of birth _____ Grade entering _____

Child's name _____ Date of birth _____ Grade entering _____

Child's name _____ Date of birth _____ Grade entering _____

Name of person/persons responsible for child _____

Address _____ Phone _____

Name and address of parent's employer _____

Family income per month: from salary \$ _____

from investments \$ _____

from other sources
(welfare, SSI, pension) \$ _____

TOTAL INCOME PER MONTH \$ _____

Value of assets owned by family: real estate/home \$ _____

car/cars \$ _____

other \$ _____

List other assets on reverse side (stocks, savings, bond, etc.)

Amount of mortgage, if any: \$ _____ Monthly Payments \$ _____

Amounts of other indebtedness (list extenuating circumstances, such as regular medical bills, other dependents in the home, etc.) Please use reverse side, if necessary.

YOU MUST SEND A COPY OF LAST YEAR'S INCOME TAX RETURN, WELFARE CHECK STUB, SOCIAL SECURITY CHECK STUB, ETC., WITH THIS APPLICATION OR IT WILL NOT BE ACCEPTED.

Reminder: All families receiving scholarship money are expected to volunteer time throughout the year. It is suggested that for every \$50 of scholarship money awarded, two hours of volunteer work is offered. If not offered, further money may not be available.

Signature of Parent or Guardian _____