

**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 \_\_\_\_\_

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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.

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**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 \_\_\_\_\_