



Grace Christian Academy Scholarship Program

PURPOSE OF SCHOLARSHIP

The purpose of this scholarship is to provide financial assistance to GCA students based on several eligibility criteria primarily concerned with financial need.

CRITERIA

Applications will be evaluated based on but not limited to the following criteria:

- Financial Need
- Children of GCA alumni
- Current GCA Scholarship Recipients from the preceding year
- Available Space for Grade Level
- Northern Marianas Descent
- Children of School Corporate Member
- Current GCA Student

SCHOLARSHIP AMOUNT:

Grace Christian Academy may extend from 25% up to 100% scholarship on tuition fees only. All other fees must be paid in full (Registration, Books, Uniforms, Lab Fees). The amount of scholarship shall be based upon the school's financial capability and is at the discretion of the School Board.

REQUIREMENTS:

All scholarship applicants must submit the following documents to the Registrar's Office:

- Completed Scholarship Application Form
- Employment Verification Form
- If Northern Marianas Descent, then provide Official Northern Marianas Descent ID Card (from Commonwealth Election Commission if applicable)
- Copy of Previous Years Federal or CNMI tax return
- Last Three Check Stubs for Parents or Legal Guardians
- Other Additional Information as required

Annual Scholarship Application deadline April 30th. The Scholarship Program shall only cover one school year. Scholarships need to be applied for annually.

TERMS AND CONDITIONS:

1. The student must maintain a grade of 73% in all subjects every quarter.
2. The student must not have any major infractions anytime during the current school year. Please refer to GCA Parent and Student Handbook Discipline Policy.

Non-Compliance of Terms & Conditions may be considered grounds for terminating the Scholarship.

Kindly affix your signature on the space below to signify your concurrence to the Terms & Conditions relevant to the GCA Scholarship Program.

I HAVE READ, UNDERSTOOD AND ACCEPT THE TERMS AND CONDITIONS SET FORTH IN RELATION TO MY ENTITLEMENT TO THE GCA SCHOLARSHIP PROGRAM.

Parent's Signature over Printed Name

Date



Grace Christian Academy

Scholarship Program Application Form

Student's Name: _____ Grade: _____
Last Name First Name MI

Address: _____ Saipan, MP 96950
P.O. Box / Caller Box / PMB Village

Date of Birth: _____ Place of Birth: _____

Parent/Guardian Information:

Father's Name: _____ Phone number: _____

Occupation: _____ Employer: _____ Phone number: _____

Mother's Name: _____ Phone number: _____

Occupation: _____ Employer: _____ Phone number: _____

Family Email Address: _____ Mobile Phone: _____

Home Phone Number: _____

List All Household Members and Dates of Birth (Use Additional Paper as Needed)

Number of Household members: _____

Household Member Name	Date of Birth	Monthly Income Amount (Employment, Gifts, SSI, Etc)
		\$
		\$
		\$
		\$
		\$

Current Amount in Checking: \$ _____ Current Amount in Savings: \$ _____

Northern Marianas Descent (Y/N). If Yes, then provide a copy of Northern Marianas Descent ID Card.

Child of Alumni (Y/N). If Yes, provide name of alumni _____ and year of graduation _____

Child of School Corporate Member (Y/N). Full Name Member _____ Church _____

Current Scholarship Recipient (Y/N) School Year _____

Briefly describe why you are applying for scholarship: _____

I certify that all information indicated on this form is true and has been supplied to the best of my knowledge.

Parent/Guardian's Signature over Printed Name

Date

For GCA Use Only:

Documents complete

Approved Scholarship Rate: _____ Effective School Year: _____ Grade Level: _____

Reviewed By:

Approved By:



EMPLOYMENT VERIFICATION LETTER

Application Section: to be filled out only by Parent or Legal Guardian

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date: _____, 20____

RE: Employment Verification for _____ [Employee's Name]

To whom it may concern:

Please accept this letter as confirmation that _____ [Name of Employee] has been employed with _____ [Employer Name] since _____ [Employee Start Date].

Important Note: This following section below must be submitted by GCA Registrar and not the Parent or Legal Guardian

Employer Section:

Currently, _____ [Name of Employee] holds the Title of _____ and works on a Full-Time Part-Time basis of ____ hours per week while earning \$_____ that is payable on a(n) Hourly Daily Weekly Bi-weekly Monthly Quarterly Annual basis with No Bonus a Bonus of \$_____.

If you have any questions or require further information, please don't hesitate to contact me at _____ [Employer Phone Number].

Sincerely yours,

Signature: _____ Print Name: _____

Employer Title: _____

This form must be accompanied by Authorization to Release Information.



Authorization to Release Information

Must be Notarized

I, _____, hereby authorize the release of any and all information (including employment verification) to Grace Christian Academy, Saipan, MP 96950 relating to my household application for the GCA Scholarship Program.

I further release and hold harmless GCA and the providing party from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released will be held in strictest confidence, that it will be viewed only by those involved in the application decision, and that anyone not so involved will have the right to see the information.

Applicant's Printed Name

Applicant's Signature

Date