Mount Zion Christian Academy

Scholarship Committee

Dear Parent/ Student,

Thank you for your interest in applying for an MZCA Scholarship for the upcoming school year. The following documentation must accompany your completed application:

- The previous year's tax transcript OR tax return listing dependents
- Three (3) letters of recommendation, one from each of the following
 - o school administrator from the last school attended
 - o teacher from the last school attended
 - o Pastor, other clergy member, community leader, etc.
- Proof of income/financial support for parents/guardians claiming unemployment status (if applicable)
- Proof of disability and disability income for parents/guardians claiming disability status (if applicable)

Incomplete applications will be deemed void and will not be considered for any scholarship opportunity.

Both the parent(s) and student must attend an interview with the scholarship committee. You will be contacted and given the date and time for your interview.

Yours in Christ,

MZCA Scholarship Committee

Mount Zion Christian Academy Scholarship Application

STUDENT INFORMATION

Name		
(Last)	(First)	(Middle)
Current Age		Date of Birth/
Social Security Number/	_/	
Address_		
(Street No./ Name)		(Apt. No.)
(City)	(State)	(Zip)
Last Grade Completed:I	Last School Attend	ded:
Are you a member of Mount Zion Chr	istian Church?	Yes No
,		_
1. 2. 3.	u belong to in or o	outside of church and any sports that you play
4 5		
If accepted, are you willing to		
Obey the rules of MZCA?	YesNo	
Attend school regularly?	YesNo	
Respect your teachers, adminis	trators and other a	adults in this school?YesNo
Adhere to the scholarship guide	elines and require	ments?YesNo
Student Signature:		Date: / /

Mount Zion Christian Academy is an evangelistic school, committed to the mission of promoting the holistic development of the child in Christ--spiritually, academically, physically, socially, and mentally in a balanced, safe, and disciplined environment.

Parent / Guardian Information

Father's Name:		
(Last)	(First)	(Middle Initial)
Mother's Name:		
(Last)	(First)	(Middle Initial)
Address:		
Street Name/No.	Ci	ity, State, Zip
Contact Numbers:		
Home ()Wo	rk ()	Other ()
Mother's Email Address		
Father's Email Address		
Father's Employer:	Mother's Emplo	oyer:
Are you a member of Mount Zion Christi	an Church?Yes _	No
Do you attend services regularly?	Yes _	No
If you are not a member of Mount Zion C what church do you attend?	Christian Church,	
Household Information		
List names of dependent children. (Include	le the child that is applying f	or the scholarship)
	<u> </u>	

How many of the above dependents now attend MZCA?			
Parent / Guardian Comments:			
Parent/Guardian Signature:	Date://		
Parent/Guardian Signature:	Date://		