



## 2024-2025 Scholarship Application

Student's Full Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Student's Current Grade: \_\_\_\_\_ Student's Grade in 24-25: \_\_\_\_\_

Student's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred Contact Name: \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_

### Financial Information

Parent 1 Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

**\*If approved for a scholarship, LCA will require proof of income in the form of your past two check stubs.**

Explain why you would like your child to attend Lancaster Christian Academy.

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How much could you contribute to the monthly expenses associated with attending LCA?

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Have you considered what you might rearrange in your budget to make tuition payments more attainable? \_\_\_\_\_

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Will you be receiving financial support from any other source such as an employer, family, etc? If so, how much assistance will they provide?