



# Frankfort Christian Academy

## Church Matching Scholarship

www.frankfortchristianacademy.org

Frankfort Christian Academy will match a church scholarship dollar for dollar to a maximum match of \$500 per student. A student must maintain at least a C grade average, must maintain an acceptable attendance record, and must meet the behavioral standards of the Academy.

STUDENT'S NAME:	
PARENT/GUARDIAN NAMES:	
CHURCH NAME:	ADDRESS:
PASTOR'S NAME:	PASTOR'S PHONE:
	PASTOR'S EMAIL:
<p>We, the above named church, enter into an agreement with Frankfort Christian Academy to provide for the named student a scholarship in the amount of \$_____ * for the semester check below. We, the church, have determined the scholarship amount (not the student or parent) and neither the student nor the parent have contributed to this amount. We are submitting the Church Matching Scholarship application along with a church check.</p> <p><b>We wish to have this applied to the following semester:</b> (check one)    ___ Fall    ___ Spring    ___ Split evenly</p> <p><small>*Enter \$0 if no scholarship is awarded to the named student at this time.</small></p>	

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Church Representative: \_\_\_\_\_ Church Position: \_\_\_\_\_

Printed Name of Church Representative: \_\_\_\_\_

**Make checks payable to Frankfort Christian Academy and mail to the office address listed below. PLEASE NOTE: Funds received after Sept 10 for the fall semester or Jan 10 for the spring semester will not be matched.**

Frankfort Christian Academy  
 1947 W. Barner St.  
 Frankfort, IN 46041

OFFICE USE ONLY Check # _____ Date Received: _____ Amount: _____
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