



FRANKFORT CHRISTIAN ACADEMY

Church Match Grant Application

REV. 5/16/23
FORM F1

Frankfort Christian Academy will match a church grant 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:
TO BE COMPLETED BY AN AUTHORIZED CHURCH REPRESENTATIVE	
<p>We, the above-named church, enter into an agreement with Frankfort Christian Academy to provide for the named student a grant in the amount of \$_____ * for the semester check below. We, the church, have determined the grant amount (not the student or parent) and neither the student nor the parent have contributed to this amount. We are submitting the Church Match Grant application along with a church check.</p> <p>We wish to have this applied to the following semester: (check one) ___ Fall ___ Spring ___ Split evenly</p> <p>*Enter \$0 if no scholarship is awarded to the named student at this time.</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: _____