

SCHOLARSHIP/WORKSHIP APPLICATION

Student's Name _____

Address _____

Age _____ Entering Grade _____ Phone _____

Christian? Yes No Church Member? Yes No Where? _____

How often does student attend church? ___ Weekly ___ Monthly ___ Rarely ___ Never

Name of Parent or Guardian _____

Address _____

Father Christian? Yes No Church Member? Yes No Where? _____

How often does father attend church? ___ Weekly ___ Monthly ___ Rarely ___ Never

Mother Christian? Yes No Church Member? Yes No Where? _____

How often does mother attend church? ___ Weekly ___ Monthly ___ Rarely ___ Never

FINANCIAL INFORMATION

Father employed? Yes No Occupation _____

Mother employed? Yes No Occupation _____

Father's approximate annual income _____

Mother's approximate annual income _____

Other Income for family: social security, retirement, etc. _____

Total annual income _____

Are you interested in a scholarship? Yes No Workshop? Yes No

How much scholarship aid is needed to attend? ___ 1/4 ___ 1/3 ___ 1/2 ___ 3/4 ___ Full

Could parents afford to pay registration fee? Yes No Book Fee? Yes No

FAMILY INFORMATION

Other Children:

Name

Age

Any other dependents live in the home? _____

How long do you plan to attend FBCA? _____

Enclose a copy of your 1040 tax form.

Please list any other information that you feel is related to your qualification for financial aid on the back.