Pike County Christian Academy
Scholarship Application

Parent(s)/Guardian(s)Name:_____

Address:_____

Email:_____ Phone:_____

Parent's Employer:_____ Work Number:_____

Supervisor Name:_____ Annual Salary:_____

Parent's Employer:_____ Work Number:_____

Supervisor Name:_____ Annual Salary:_____

Please list any additional income:_____

Student Name:_____ DOB:_____ Grade :_____

Student Name:_____ DOB:_____ Grade :_____

Student Name:_____ DOB:_____ Grade :_____

Student Name:_____ DOB:_____ Grade :_____

Church Affiliation and address: _____
Contact Person and Phone Number:_____

Please provide a brief narrative statement explaining why your family should be considered for a scholarship:_____
_____
_____
_____
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All applicants must have filled out PCCA enrollment packet prior to applying for scholarship.