

**The Harold Wolcott Christian School  
Scholarship Foundation Application  
School Year 2021-2022**

**All applications must be submitted NO LATER THAN  
July 15, 2021**

**Scholarship Applicants Must Complete All Information Requested On  
This Application.**

Student Name: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

---

**FATHER**

**MOTHER**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

GROSS ANNUAL INCOME \_\_\_\_\_

GROSS ANNUAL INCOME \_\_\_\_\_

(Including Social Security, Alimony, Child Support, Child Housing allowance, etc.)

Have you applied for Financial Aid? \_\_\_\_\_ Award Amount: \_\_\_\_\_

ADDITIONAL COMMENTS/DOCUMENTATION ATTACHED: \_\_\_ YES; \_\_\_ NO

I attest that the information provided for this application is factual and free from error. All sources of income have been disclosed.

FATHER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

MOTHER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

FATHER'S TELEPHONE \_\_\_\_\_ MOTHER'S TELEPHONE \_\_\_\_\_  
FATHER'S EMAIL \_\_\_\_\_ MOTHER'S EMAIL \_\_\_\_\_

**The following documentation must be submitted along with the application to be considered by the Scholarship Committee:**

- ✓ A copy of your most recent tax return. (1<sup>st</sup> page is sufficient)
- ✓ A completed recommendation form from ***one of the following***:
  - A recent school teacher
  - A Pastor or Sunday school teacher
- ✓ A completed Student Questionnaire.
- ✓ A letter from the parents explaining their financial need and motivation for enrolling their students at TTCA.

\*\*\*\*\*

*CONDITIONS OF ELIGIBILITY*

- *A completed application along with all supporting documents must be received by the application deadline.*
- *The student must meet the attendance guidelines set forth by Twin Tiers Christian Academy.*
- *The student must maintain at least a "C" average.*
- *The student must maintain proper conduct in accordance with the rules and policies of TTCA.*
- *The family must stay current with their portion of student tuition.*

THE MAXIMUM SCHOLARSHIP AVAILABLE PER STUDENT, PER SCHOOL YEAR IS \$2,500. Any scholarship that is awarded will be credited to the student's tuition account each month, Sept-June. If a student should then leave TTCA without completing the school year, the scholarship award, like tuition, will be prorated accordingly. See TTCA's financial policy for more details.

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

## **Student Portion of Scholarship Application:**

*Please answer the following questions using complete sentences. Each response should be at least 3 sentences.*

1. Describe some of the activities you are involved with both in and out of school.
  
  
  
  
  
  
  
  
  
  
2. What do you consider to be the top 2 reasons you would like to attend Twin Tiers Christian Academy?

*Please **choose 2** of the following questions to answer.*

3. Tell us about a personal achievement that makes you proud.

4. Who in your life has been your biggest influence and why?

5. Tell us about a mistake that you made and what you learned from the experience

6. Why are you a good candidate to receive this award?

## Harold Wolcott Christian School Scholarship Recommendation Form

**To the Applicant:** Please print your name in the space provided below and give this form to your pastor, youth pastor, or teacher. **Name of Student:** \_\_\_\_\_

**To the Pastor/Youth Pastor/Teacher:** Complete this Recommendation Form and return it to Twin Tiers Christian Academy, Scholarship Committee, P.O. Box K, Breesport, New York 14816 or email it to Dr. Cary Shaw at [cshaw@ttcany.org](mailto:cshaw@ttcany.org). *Do not return this form to the applicant.*

	Excellent	Above Average	Average	Below Average	No basis for judgment
Academic Progress or Personal Achievement					
Attitude/ Cooperation					
Church Attendance					
Compassion for others					
Respect for others					
Responsibility/dependability					
Honesty and Integrity					

Please describe at least one area that you consider to be a strength of the applicant:

---



---



---

Additional comments you would wish for us to consider:

---



---



---

Name of person making recommendation: \_\_\_\_\_

Signature of person making recommendation: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

Years you have known applicant: \_\_\_\_\_