

# SCRUGGS ACADEMY

## SCHOLARSHIP APPLICATION FORM



*Dr. Andrea Cummings, Head of School, Dr. Don Darius Butler, Pastor, Dr. Julius R. Scruggs, Founder*

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*Phone: 256-852-6673 Website: [www.JRSCDCA.org](http://www.JRSCDCA.org)*

### **DEADLINE TO APPLY: FRIDAY, JUNE 16TH 2023**

Choosing the right educational environment for your child is a very important decision. Our mission at Scruggs Academy is to develop and enhance the lives of children by providing a Christian-based curriculum and solidifying their spiritual, mental, physical, and social well-being thereby, honoring God and living the Christian example daily. While we are a private academy, we also provide scholarships to help low-income families enroll their children into a safe quality education program centered on Christian faith and studies.

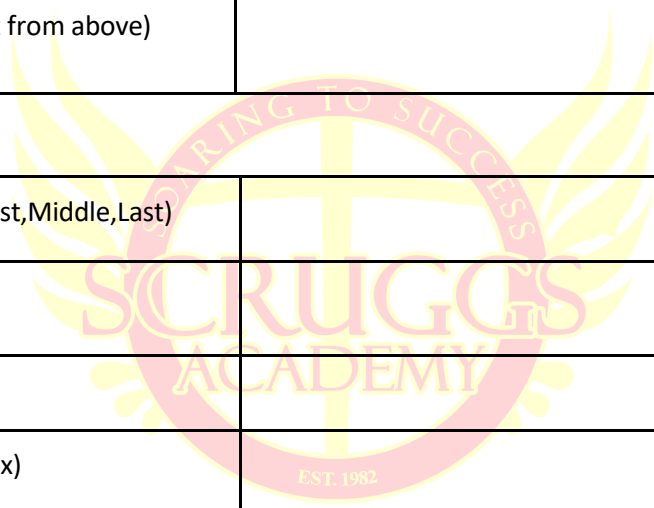
If you need assistance, please submit your completed scholarship application to the school office on or before the deadline.

<b>Section 1: Student Information</b>	
Name (First, Middle, Last)	
Birthday (MM-DD-YYYY)	
Gender ( M / F)	
Home Address	
City, State, Zip Code	
Home Number (xxx-xxx-xxxx)	
Cell Number (xxx-xxx-xxxx)	
Mailing Address (if different from above)	

Student Name: \_\_\_\_\_

<b>Section 2: Parental Information</b>	
Mother/Guardian Name (First, Middle, Last)	
Home Address	
City, State, Zip Code	
Home Number (xxx-xxx-xxxx)	
Cell Number (xxx-xxx-xxxx)	
Mailing Address (if different from above)	

Father/Guardian Name (First, Middle, Last)	
Home Address	
City, State, Zip Code	
Home Number (xxx-xxx-xxxx)	
Cell Number (xxx-xxx-xxxx)	
Mailing Address (if different from above)	



Student Name: \_\_\_\_\_

Student lives with: Mother/Guardian \_\_\_\_ Father/Guardian \_\_\_\_ Both Parents are in the home \_\_\_\_\_

<b>Section 3: Other Children in the Family</b>					
<b>Name (First &amp; Last)</b>	<b>Living With Child (Y/N)</b>	<b>Gender (M/F)</b>	<b>Birthday (MM-DD-YYYY)</b>	<b>School Attending &amp; Year (Pre-K – 12)</b>	<b>Potential Enrollee (Y/N)</b>

*\*If additional children need to be added, please write their information on the back of this form.*

<b>Section 4: Other Dependents in the Household</b>				
<b>Name (First &amp; Last)</b>	<b>Living With Child (Y/N)</b>	<b>Gender (M/F)</b>	<b>Birthday (MM-DD-YYYY)</b>	<b>Relationship to Child (Grandparent(s), Aunt/Uncle, Niece/Nephew, etc.)</b>

Student Name: \_\_\_\_\_

<b>Section 5: Employment Income</b>				
<b>Name (First &amp; Last)</b>	<b>Employer Name &amp; Address</b>	<b>How Long? (#of years, Months, Days)</b>	<b>Income Rate (\$\$\$\$)</b>	<b>Earned (Hourly, Weekly, Biweekly, Monthly, Annually)</b>

<b>Section 6: Other Income</b>				
<b>Name (First &amp; Last)</b>	<b>Other Income Source (EBT, Food Stamps, Child Support, SNAP, Childcare Service, etc.)</b>	<b>Gender (M/F)</b>	<b>Birthda y (MM- DD YYYY)</b>	<b>School Attending &amp; Year (Pre-K – 12)</b>

*\*If additional space is needed, please write the information on the back of this form.*

Total Gross Annual Income: \_\_\_\_\_ (Must include all sources identified in Sections 5-6)

**Section 7: Other Scholarships**

Have you applied for any other scholarship or financial aid opportunities? If so, please check all that

apply:  Scholarship For Kids

CMA

Other: \_\_\_\_\_

Student Name: \_\_\_\_\_

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## Scholarship Application Form

### Disclaimer:

I fully intend to enroll my child in the FMBC CDCA if he/she is accepted. I agree to comply with the rules and regulations of the center to the best of my ability. I understand that any incorrect information submitted on this form will disqualify the candidate from a scholarship.

\_\_\_\_\_  
*Signature of Mother/Guardian Date*

\_\_\_\_\_  
*Signature of Father/Guardian Date*

***This section to be completed by: School Administration ONLY!***

<b>Section 8: Income Verification</b>				

*Acceptable form(s) of income verification: 1040 Tax form (page 1 and 2), 1099 and check stubs.*