Uvita Christian Academy

2017 Scholarship Application

www.UvitaChristianAcademy.org

(506) 2743-8589

Parent Name _____ Parent email _____

Student(s) Name:

1. _____ Age _____ Grade _____

2. _____ Age _____ Grade _____

3. _____ Age _____ Grade _____

Last school attended _____ Tuition Paid _____

2017 UCA tuition fee for student (1) $_____ Portion you are able to pay $_____

2017 UCA tuition fee for student (2) $_____ Portion you are able to pay $_____

2017 UCA tuition fee for student (3) $_____ Portion you are able to pay $_____

Scholarship balance you are applying for $_____

Essay (please briefly describe your situation to assist the scholarship board in understanding your reason for applying) _____

_____

_____

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_____

Signature _____ Date _____

Thank you for applying to the UCA Scholarship Fund!

We will be in touch with you very soon with the board's response to your application.