

FAMILY FIRST ACADEMY SCHOLARSHIP APPLICATION

Please return application to: Family First Academy Attn: Admissions • 8155 Oliver Road • Erie, PA 16509

Application must be received by June 30, 2008.

STUDENT INFORMATION

Student's Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

E-Mail Address: _____

Home Phone #: _____ Date Of Birth: _____

Grade Applying For: _____ School Year: _____ Applying For: Fall Spring

EXTRACURRICULAR ACTIVITIES

Include school and community activities and honors. Please indicate school year(s) in which you participated in each activity.

Mo./Yr. to Mo./Yr.: _____ Description of Activity: _____

Mo./Yr. to Mo./Yr.: _____ Description of Activity: _____

Mo./Yr. to Mo./Yr.: _____ Description of Activity: _____

Mo./Yr. to Mo./Yr.: _____ Description of Activity: _____

Mo./Yr. to Mo./Yr.: _____ Description of Activity: _____

PERSONAL STATEMENT

Attach extra paper as necessary. Make sure to write your name on any extra sheet attached.

Please list your educational goals: _____

Please list the qualities of character and leadership important to achieving your goals: _____

Please highlight any personal accomplishments, achievements and experiences that have given you considerable satisfaction:

What would receiving a scholarship mean to you? _____

CERTIFICATION

I confirm the information which I have provided on this application form and any additional material I submitted related to the financial aid process in complete, accurate and true to the best of my knowledge. I hereby authorize Family First Academy to release the scholarship application information provided by me, as well as official and unofficial information regarding my academic progress and status, to the scholarship committee for the purpose of providing information concerning my eligibility as a scholarship recipient. I also understand that providing false information may result in revocation of my scholarship.

Signature of Student: _____ Date _____

Signature of Parent(s) or guardian(s): _____ Date _____

_____ Date _____