



Scholarship Application

- Must present a copy of the most recent tax return

Date: _____

Parent's Name: _____

Mailing address: _____

Telephone: _____ Email: _____

Please print the name of ALL household members, plus add the age and grade of the student(s) enrolling.

Name of All Household Members (First, Middle & Last)	Name of School Child Attends	Check if a Foster Child	Check if "No" Income
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

OTTAWA CHRISTIAN Academy

Name of Household Member with Income	Earnings from work, before deduction	Weekly, Every 2 weeks, Twice Monthly, Monthly	Welfare, Child Support, Alimony	Weekly, Every 2 weeks, Twice Monthly, Monthly	Pension, retirement, SS, VA, etc.	Weekly, Every 2 weeks, Twice Monthly, Monthly	All other income

Please explain why you need a scholarship:

Please explain why you desire for your child(ren) to attend OCA:
