

125 Fernwood Road Wintersville, OH 43953 Phone: (740) 275-4326

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SCHOLARSHIP FUND APPLICATION

The Jefferson County Christian School scholarship fund for all students in Pre-K through grade 12 has been put in place to assist those families who may need financial support for tuition.

Scholarship applications will be available in the spring for the upcoming school year. The JCCS Scholarship Committee will meet to review and determine financial assistance for the upcoming school year. Scholarship awards will never exceed 50% of the tuition per family (after all applicable discounts). Scholarship awards are for tuition ONLY and do not apply against fees assessed by Jefferson County Christian School.

Eligibility Requirements:

- The student must be accepted and enrolled as a student at JCCS.
- The student must maintain at least an 80% (C) average.
- The student must actively support the school and abide by the JCCS Handbook.
- The family must exhibit a financial need for the scholarship and be current in their financial obligations to JCCS or a previous school. Those families with outstanding tuition and/or fees will not be considered.
- If the student is entering grades K-4, a family must first complete the process to determine qualification for the state EdChoice Scholarship prior to applying for a JCCS scholarship. Please contact Gabriela Rankin through the school office to determine whether or not you meet the criteria for the state scholarship program.
- The JCCS Scholarship application must be complete upon submission. Only applications that have been completed in full with required documentation will be considered.

All scholarships will be awarded on a yearly basis. A new application must be submitted for each school year. Limited funds are available; therefore, applications will be reviewed in the order that they are received.

"AND MY GOD SHALL SUPPLY ALL YOUR NEED ACCORDING TO HIS RICHES IN GLORY BY CHRIST JESUS."

PHILIPPIANS 4:19

SCHOLARSHIP FUND APPLICATION PART 1

Student Name	Grade	Student Name	Grade
Name of Parents (Guardian Address:	ns):		
City:	State: _	Zip Cod	de:
Home Phone:		Cell Phone:	
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Parents		Pastor's Name	
Parents		Pastor's Name	

*We may be asking your pastor for a letter of recommendation.

SCHOLARSHIP FUND APPLICATION PART II

Please list your annual income as it appeared on the Federal 1040 income tax form in your most recent year. Tax Year:_____ Annual Income:_____ Number of dependents:_____ Please attach a copy of your 1040 or 1040EZ Federal Income Tax Form for the year indicated above. The Scholarship Committee will not consider your application without this information. Child Support Received Social Security (SSI) Benefits received but not taxed Welfare Food Stamps Worker's Compensation Tuition support anticipated from others Other Nontaxable Income Have you ever declared bankruptcy? Yes____ No____ If so, when?_____ Are there any medical expenses you would like us to consider? (Attach supporting documentation) Are there any significant changes to income in the current year which was not reflected in the previous year's Tax Return?

(Attach supporting documentation)