

**The Harold Wolcott Christian School  
Scholarship Foundation Application  
School Year 2024-2025**

**All applications must be submitted NO LATER THAN  
June 30, 2024**

**Scholarship Applicants Must Complete All Information Requested On  
This Application.**

Student Name: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

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**FATHER**

**MOTHER**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

GROSS ANNUAL INCOME \_\_\_\_\_

GROSS ANNUAL INCOME \_\_\_\_\_

(Including Social Security, Alimony, Child Support, Child Housing allowance, etc.)

Have you applied for Financial Aid? \_\_\_\_\_ Award Amount: \_\_\_\_\_

ADDITIONAL COMMENTS/DOCUMENTATION ATTACHED: \_\_\_ YES; \_\_\_ NO

I attest that the information provided for this application is factual and free from error. All sources of income have been disclosed.

FATHER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

MOTHER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

FATHER'S TELEPHONE \_\_\_\_\_ MOTHER'S TELEPHONE \_\_\_\_\_  
FATHER'S EMAIL \_\_\_\_\_ MOTHER'S EMAIL \_\_\_\_\_

**The following documentation must be submitted along with the application to be considered by the Scholarship Committee:**

- ✓ A copy of your most recent tax return. (1<sup>st</sup> page is sufficient)
- ✓ A completed recommendation form from ***one of the following***:
  - A recent school teacher
  - A Pastor or Sunday school teacher
- ✓ A completed Student Questionnaire.
- ✓ A letter from the parents explaining their financial need and motivation for enrolling their students at TTCA.

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*CONDITIONS OF ELIGIBILITY*

- *A completed application along with all supporting documents must be received by the application deadline.*
- *The student must meet the attendance guidelines set forth by Twin Tiers Christian Academy.*
- *The student must maintain at least a "C" average.*
- *The student must maintain proper conduct in accordance with the rules and policies of TTCA.*
- *The family must stay current with their portion of student tuition.*

THE MAXIMUM SCHOLARSHIP AVAILABLE PER STUDENT, PER SCHOOL YEAR IS \$2,500. Any scholarship that is awarded will be credited to the student's tuition account each month, Sept-June. If a student should then leave TTCA without completing the school year, the scholarship award, like tuition, will be prorated accordingly. See TTCA's financial policy for more details.



4. Who in your life has been your biggest influence and why?

5. Tell us about a mistake that you made and what you learned from the experience

6. Why are you a good candidate to receive this award?

## Harold Wolcott Christian School Scholarship Recommendation Form

**To the Applicant:** Please print your name in the space provided below and give this form to your pastor, youth pastor, or teacher. **Name of Student:**  
 \_\_\_\_\_

**To the Pastor/Youth Pastor/Teacher:** Complete this Recommendation Form and return it to Twin Tiers Christian Academy, Scholarship Committee, P.O. Box K, Breesport, New York 14816 or email it to Dr. Cary Shaw at [cshaw@ttcany.org](mailto:cshaw@ttcany.org).  
*Do not return this form to the applicant.*

	Excellent	Above Average	Average	Below Average	No basis for judgment
Academic Progress or Personal Achievement					
Attitude/ Cooperation					
Church Attendance					
Compassion for others					
Respect for others					
Responsibility/dependability					
Honesty and Integrity					

Please describe at least one area that you consider to be a strength of the applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments you would wish for us to consider:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person making recommendation: \_\_\_\_\_

Signature of person making recommendation:  
 \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

Years you have known applicant: \_\_\_\_\_