

Mount Zion Christian Academy
Financial Aid Committee

Dear Parent/ Student,

Thank you for your interest in applying for MZCA Financial Aid for the upcoming school year. The following documentation must accompany your completed application:

- The previous year's tax transcript OR tax return listing dependents
- Three (3) letters of recommendation, one from each of the following
 - school administrator from the last school attended
 - teacher from the last school attended
 - Pastor, other clergy member, community leader, etc.
- Proof of income/financial support for parents/guardians claiming unemployment status (if applicable)
- Proof of disability and disability income for parents/guardians claiming disability status (if applicable)

Incomplete applications will be deemed void and will not be considered for financial aid.

Both the parent(s) and student must attend an interview with the financial aid committee. You will be contacted and given the date and time for your interview.

Yours in Christ,

MZCA Financial Aid Committee

**Mount Zion Christian Academy
*Financial Aid Application***

STUDENT INFORMATION

Name _____
 (Last) (First) (Middle)

Current Age _____ Date of Birth ____/____/____

Social Security Number _____/_____/_____

Address _____
 (Street No./ Name) (Apt. No.)

 (City) (State) (Zip)

Last Grade Completed: _____ Last School Attended: _____

Are you a member of Mount Zion Christian Church? ___Yes ___No

Name of the church that you attend regularly: _____

List any clubs or organizations that you belong to in or outside of church and any sports that you play.

1. _____
2. _____
3. _____
4. _____
5. _____

If accepted, are you willing to...

Obeys the rules of MZCA? ___Yes ___No

Attend school regularly? ___Yes ___No

Respect your teachers, administrators and other adults in this school? ___Yes ___No

Adhere to the financial aid guidelines and requirements? ___Yes ___No

Student Signature: _____

Date: ____/____/____

Parent / Guardian Information

Father's Name: _____
(Last) (First) (Middle Initial)

Mother's Name: _____
(Last) (First) (Middle Initial)

Address: _____
Street Name/No. City, State, Zip

Contact Numbers:
Home () _____ Work () _____ Other () _____

Mother's Email Address _____

Father's Email Address _____

Father's Employer: _____ Mother's Employer: _____

Are you a member of Mount Zion Christian Church? ___ Yes ___ No

Do you attend services regularly? ___ Yes ___ No

If you are not a member of Mount Zion Christian Church,
what church do you attend?

Household Information

List names of dependent children. (Include the child applying for financial aid.)

How many of the above dependents now attend MZCA? _____

Parent /Guardian Comments:

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____