



# MOORESVILLE

CHRISTIAN ACADEMY

## Choice Scholarship Application 2022-23 School Year

Student's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Corporation of Legal Settlement: \_\_\_\_\_

School Student Attended Previous Year: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Does student have an Individualized Education Program (IEP) or Service Plan/Speech Service?  
**Yes or No**

Did student or a sibling receive an SGO in previous School Year? **Yes or No**  
If Yes, what is the name of student or sibling: \_\_\_\_\_

Did student or sibling receive a **Choice Scholarship** in any previous school year? **Yes or No**  
Name of Student or Sibling: \_\_\_\_\_

Total # of persons living in household: \_\_\_\_\_

Total Adjusted Gross income in household: \_\_\_\_\_  
Please include income from jobs, child support, social security, and any other household income.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use Only STN: \_\_\_\_\_ Dist. Code: \_\_\_\_\_ Fees: \_\_\_\_\_