



MOORESVILLE CHRISTIAN ACADEMY

Choice Scholarship Application 2023-24 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: _____

Office Use Only STN: _____ Dist. Code: _____ Fees: _____