



MOORESVILLE CHRISTIAN ACADEMY

Choice Scholarship Application 2025-2026 School Year

**Please submit a copy of your 2024 taxes with this application.
(1040 Main Page)**

Student's Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Student's D.O.B: _____ Student's Grade: _____

School Corporation of Legal Settlement: _____

School Student Attended Previous Year: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

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

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: _____ Tuition: _____