Gordon MacLeod Scholarship Fund
Grace Christian School Application

Gordon MacLeod, a faithful member of Grace Baptist Church and supporter of Grace Christian School has left a legacy of assistance to those who wish to get a Christian education. Mr. MacLeod has created a trust to help parents who would like to send or continue to send their children to Grace Christian School. The amount available varies each year due to the fact that the money is the product of investments. ***The ideal criteria upon which anyone is to receive a scholarship is listed in the scholarship details below; however, all applications will be considered.***

Please check which scholarship you are applying for:

☐ **New Family Scholarship**

Criteria:
1. Must be a new family to Grace Christian School
2. Financial need
3. Planned long term enrollment at Grace Christian School
4. Priority given to members or regular attendees of Grace Baptist Church or GCS alumni

☐ **Returning Family Scholarship**

Criteria:
1. Re-enrollment fee paid
2. Financial need
3. Participates regularly in SCRIP
4. All school accounts are up to date
5. Has shown an attitude of compliance with school policies and expectations
6. Priority given to members or regular attendees of Grace Baptist Church or GCS alumni

No mention was made that a family can receive a scholarship only once; however, it was made fairly clear that the purpose of these funds was to bring new people into the school, not to keep them in it over a long term. Therefore, each year each applicant must apply for these scholarships, even if they received assistance the previous year. No award is given for more than one calendar year at a time. More than one applicant may receive assistance. However, in the absence of any candidates deemed worthy of these scholarships, no award will be given.

The money will not be given to the student, but will instead be sent directly to Grace Christian School upon completion of the child(ren)'s first week of school. Upon such verification, a cheque will be issued to the school to be applied to the family's account on September 15th of the year of application. The amount awarded is designed to assist, not pay for, the education of any student.

Year: _____   *All fields must be completed (if applicable) to be considered eligible*

Personal Information

Family Name	Parent Name(s)	
Street Address	Citizenship □ Canadian □ Permanent Resident	
City, Province	Postal Code	Phone Number
Marital Status □ Single Parent □ Married	If you are divorced or separated, are you applying together or separate?	□ together □ separate
Member of Grace Baptist Church? □ Yes □ No	Do you regularly attend church? If so, where? □ yes □ no	

Dependents

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

Employment (last 5 years)

Applicant #1		Applicant #2	
Employer	Date range	Employer	Date range
Employer	Date range	Employer	Date range
Employer	Date range	Employer	Date range

Financial

Yearly household income	Total monthly expenses
Accumulated student loan debt	Accumulated credit card debt
Accumulated bank/trust debt	Are all school accounts up to date? (returning families only)
Do you participate in SCRIP at GCS? (returning families only) If so, how much did you generate last year? If no, why not? □ Yes □ No	

*You may be asked for a copy of your T4 slips

All information provided on the application or accompanying documentation is private and used solely for the purpose of determining eligibility for financial assistance and verifying income information.

Questions (if you need more room to write, please attach extra paper)

1. Why do you feel you should be considered for a Gordon MacLeod Scholarship?

2. If you are a new family, explain why you want your children to attend GCS. What is your future commitment to the school?

3. Based on your financial situation, how much tuition assistance are you requesting? $_____

I, _____, hereby state that all of the information that I have given on this form is complete, true, and accurate. If any information is inaccurate, I understand that scholarship awards may be reassessed and/or withdrawn.

_____	**_____**	**_____**
Applicant 1 Name (print)	**Applicant 1 Name (sign)**	**Date**
_____	**_____**	**_____**
Applicant 2 Name (print)	**Applicant 2 Name (sign)**	**Date**

Office Use Only		
Scholarship ___ approved		Amount $_____
___ denied		Date _____