Grace Christian Academy
Scholarship and Financial Assistance Program

PURPOSE OF SCHOLARSHIP AND FINANCIAL ASSISTANCE PROGRAM

The purpose of this scholarship program is to provide financial assistance to current and prospective GCA students based on several eligibility criteria primarily concerned with financial need.

Coordination of Financial Assistance

Grace Christian Academy encourages families to apply for any federal, Commonwealth, or community assistance programs for which they may be eligible, including the Child Care and Development Fund (CCDF). Scholarship awards may be coordinated with these programs so that institutional scholarship funds can be distributed as equitably as possible among families demonstrating financial need. Receipt of CCDF benefits does not automatically disqualify an applicant from receiving a GCA scholarship; however, the Scholarship Committee may consider all available sources of educational assistance when determining the amount of institutional financial aid awarded.

CRITERIA

Applications will be evaluated based on but not limited to the following criteria:

- Financial Need
- Children of GCA alumni
- Current GCA scholarship Recipients from the preceding year
- Available Space for Grade Level
- Northern Marianas Descent
- Children of School Corporate Member
- Current GCA Student

SCHOLARSHIP AND FINANCIAL ASSISTANCE PROGRAM AMOUNT:

Grace Christian Academy may extend from 10% up to 100% scholarship on tuition fees with possibility of covering all other fees (Registration, Books, Uniforms, Lab Fees). The amount of scholarship shall be based upon the school's financial capability and is at the discretion of the School Board, whichever benefit is higher non stacking.

REQUIREMENTS:

All financial assistance program applicants must submit the following documents to the Registrar's Office. Applications will not be submitted to the Board for consideration until all required documentation has been received and the application packet is complete.

- Completed Financial Assistance Program Application Form
- Employment Verification Form
- If Northern Marianas Descent, then provide Official Northern Marianas Descent ID Card
- Copy of Previous Years Federal or CNMI tax return
- Last Three Check Stubs for Parents or Legal Guardians
- Other Additional Information as required
- OR CCDF Approval Certificate

Scholarships are awarded for one school year only and must be reapplied for annually. All scholarship awards are subject to Board approval and are effective from the date of approval forward; awards will not be applied retroactively to tuition or fees incurred prior to the approval date.

Have you previously been informed about the CNMI Child Care and Development Fund (CCDF) Program?

☐ Yes ☐ No If No, GCA Administration will provide information regarding potential eligibility before the scholarship application is reviewed.

TERMS AND CONDITIONS:

- The student must not have any major infractions anytime during the current school year. Please refer to GCA Parent and Student Handbook Discipline Policy.
- Parents or legal guardians receiving scholarship assistance are required to promptly notify Grace Christian Academy of any significant change in their financial circumstances, including changes in employment, household income, or eligibility for CCDF or other financial assistance programs. Such changes may be reviewed by GCA and may result in an adjustment to the scholarship award.

Non-Compliance of Terms & Conditions may be considered grounds for terminating the scholarship.

Kindly affix your signature on the space below to signify your concurrence to the Terms & Conditions relevant to the GCA Scholarship and Financial Assistance Program.

BY AFFIXING MY SIGNATURE BELOW I ACCEPT THE TERMS AND CONDITIONS SET FORTH IN RELATION TO MY ENTITLEMENT TO THE GCA FINANCIAL ASSISTANCE PROGRAM.

_____ _____

Parent's Signature over Printed Name Date

Grace Christian Academy

Scholarship and Financial Assistance Program Application Form

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Student's Name: _____ Grade: _____
Last Name *First Name* *MI*

Address: _____ _____ Saipan, MP 96950
P.O. Box / Caller Box / PMB *Village*

Date of Birth: _____ Place of Birth: _____

Parent/Guardian Information:

Father's Name: _____ Phone number: _____

Occupation: _____ Employer: _____ Phone number: _____

Mother's Name: _____ Phone number: _____

Occupation: _____ Employer: _____ Phone number: _____

Family Email Address: _____ Mobile Phone: _____

Home Phone Number: _____

List All Household Members and Dates of Birth (Use Additional Paper as Needed)

Number of Household members: _____

Household Member Name	**Date of Birth**	**Monthly Income Amount (Employment, Gifts, SSI, Etc)**
		$
		$
		$
		$
		$

Current Amount in Checking:$ _____ Current Amount in Savings: $_____

Northern Marianas Descent (Y/N). If Yes, then provide a copy of Northern Marianas Descent ID Card.

Child of Alumni (Y/N). If Yes, provide name of alumni _____ and year of graduation _____

Child of School Corporate Member (Y/N). Full Name Member _____ Church _____

Current scholarship Recipient (Y/N) School Year _____

Briefly describe why you are applying for scholarship: _____

_____

Government Assistance Programs

Grace Christian Academy is committed to helping families identify all available sources of financial assistance before awarding institutional scholarship funds. Completion of this section does not automatically affect scholarship eligibility but assists the Scholarship Committee in coordinating available assistance.

Child Care and Development Fund (CCDF)

Has your child applied for the CNMI Child Care and Development Fund (CCDF) Program?

☐ Yes ☐ No ☐ Plan to Apply

If Yes: CCDF Status

☐ Application Pending ☐ Approved ☐ Denied

If approved:

CCDF Certificate Number: _____ Effective Date: _____ Expiration Date: _____

I understand that Grace Christian Academy may request documentation of any federal, Commonwealth, or other educational assistance programs for which my family has applied or qualified. I also understand that GCA scholarships are intended to supplement available financial resources and may be coordinated with other sources of assistance.

I certify that all information indicated on this form is true and has been supplied to the best of my knowledge.

_____ _____

Parent/Guardian's Signature over Printed Name **Date**

For GCA Use Only:

❑ **Documents complete**

❑ **Approved** **scholarship Rate:_____** **Effective School Year:_____** **Grade Level: _____**

_____ _____

Reviewed By: **Approved By:**

Form Approval Date: July 25, 2026

EMPLOYMENT VERIFICATION LETTER

Application Section: to be filled out only by Parent or Legal Guardian

Employer's Name: _____

Address: _____ Employer Phone: _____

City: _____ State: _____ Zip: _____ Employer Email: _____

Date: _____, 20____

RE: Employment Verification for _____ [Employee's Name]

To whom it may concern:

Please accept this letter as confirmation that _____ [Name of Employee] has been employed with _____ [Employer Name] since _____ [Employee Start Date].

IMPORTANT NOTE: THIS FOLLOWING SECTION BELOW <u>MUST BE SUBMITTED BY GCA REGISTRAR</u> AND <u>NOT THE PARENT OR LEGAL GUARDIAN</u>

Employer Section:

Currently, _____ [Name of Employee] holds the Title of _____ and works on a ☐ Full-Time ☐ Part-Time basis of ____ hours per week while earning $_____ that is payable on a(n) ☐ Hourly ☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Quarterly ☐ Annual basis with ☐ No Bonus ☐ a Bonus of $_____.

If you have any questions or require further information, please don't hesitate to contact me at _____ [Employer Phone Number].

Sincerely yours,

Signature: _____ Print Name: _____

Employer Title: _____

Attention Employer: Return Scanned Copy of this Form to email: gracechristian@gca-nmi.com

This form must be accompanied by Authorization to Release Information.

Authorization to Release Information

Must be Notarized

I, _____, hereby authorize the release of any and all information (including employment verification) to Grace Christian Academy, Saipan, MP 96950 relating to my household application for the GCA Scholarship and Financial Assistance Program.

I further release and hold harmless GCA and the providing party from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released will be held in strictest confidence, that it will be viewed only by those involved in the application decision, and that anyone not so involved will not have the right to see the information.

_____
Applicant's Printed Name

_____
Applicant’s Signature

_____
Date