

Good Shepherd Christian Academy Scholarship Application

Student's Full Name _____

Date of Birth _____ Age on or after August 1, 2026 _____

Grade for 2026-27 _____

Street _____ City _____ Zip _____

Parent/Guardian Email Address _____ (Please print clearly)

Please check the scholarship that you are applying for:

Preschool Scholarships

Shepherd's Fund (3 Year Old) _____ SGO (4 Year Old) _____

Member of First Baptist Church Yes _____ No _____

Please attach a copy of your 2025 1040 tax form (the page that lists dependents and AGI.)

Elementary Scholarships K -6

Choice Scholarship _____

Office Use Only:

STN _____ Public School Corp _____