



For School Use Only

Date Received	Date Accepted	Date Declined
---------------	---------------	---------------

Phone: (503) 974-4711
Email: PaideiaOffice@gmail.com
Mailing Address: PO Box 676,
 Gladstone, OR 97027

2018-2019 Scholarship Application

(please submit this along with a completed Enrollment Application Form)

GENERAL INFORMATION

PARENT/GUARDIAN'S NAME	NAME OF STUDENT(S)
E-MAIL ADDRESS	PHONE NUMBER

FINANCIAL INFORMATION

1. Why are you requesting a scholarship? (Use back side of form if more room is needed.)

2. To help us administer our scholarship resources wisely, **please attach a copy of your prior year's tax return** (feel free to black out tax ID numbers, etc.).

REFERENCES

Please provide the name and number for a pastor or deacon at your church with whom we can discuss your situation.

SIGNATURE

I certify that the information provided in this scholarship application form is correct.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

NON-DISCRIMINATION POLICY: Paideia Classical Christian School, in her commitment to the gracious God of the Scriptures who rules over all peoples and nations, admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities available to students at the school, and does not discriminate on the basis of race in the administration of its educational policies, admissions policies, and athletic or other school-administered programs.

PLEASE ENCLOSE WITH ENROLLMENT APPLICATION FORM & PRIOR YEAR'S TAX RETURN AND MAIL TO:

Paideia Classical Christian School / PO Box 676/ Gladstone, OR 97027