

## EARLY SCHOLARS APPLICATION GRACE CHRISTIAN SCHOOL

To apply for the Early Scholars Program, please fill out the attached form with your personal information. Sign and return this form along with your high school transcript and letter of recommendation (teacher/principal). Documents may be mailed or dropped off in person to the Director of the Early Scholar Program.

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Social Security #: \_\_\_\_\_ Current Grade: \_\_\_\_ HS Grad Date: \_\_\_\_\_

Student Email:  
\_\_\_\_\_

Student Phone: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### PROGRAM OPTION:

Ad Hoc       Certificate: \_\_\_\_\_       Associate: \_\_\_\_\_

### APPLICATION CHECKLIST

I have included my high school transcript.       I have included my letter of recommendation.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_