



# JULIUS R. SCRUGGS

## Child Development Center and Academy

*Dr. Tammy Alexander, Head of School, Dr. Don Darius Butler, Pastor, Dr. Julius R. Scruggs, Founder*

3509 Blue Spring Road Huntsville, AL 35810

Phone: 256-852-6673 Email: [www.JRSCDCA.org](http://www.JRSCDCA.org)

### **SCHOLARSHIP APPLICATION FORM**

Choosing the right educational environment for your child is very important decision. Our mission at FMBC CDCA is to develop and enhance the lives of children by providing a Christian-based curriculum and solidifying their spiritual, mental, physical, and social well-being thereby, honoring God and living the Christian example daily. While FMBC CDCA is a private academy, we also provide scholarships to help low-income families enroll their children into a safe quality education program centered on Christian faith and studies. If you need assistance, please submit the scholarship application form to the FMBC CDCA office today!

<b>Section 1: Child Information</b>	
Name (First, Middle, Last)	
Birthday (MM-DD-YYYY)	<b>Gender ( M / F )</b>
Home Address	
City, State, Zip Code	
Home Number (xxx-xxx-xxxx)	
Cell Number (xxx-xxx-xxxx)	
Mailing Address (if different from above)	

<b>Section 2: Parental Information</b>	
Mother/Guardian Name (First, Middle, Last)	
Home Address	
City, State, Zip Code	
Home Number (xxx-xxx-xxxx)	
Cell Number (xxx-xxx-xxxx)	
Mailing Address (if different from above)	

Father/Guardian Name (First, Middle, Last)	
Home Address	
City, State, Zip Code	
Home Number (xxx-xxx-xxxx)	
Cell Number (xxx-xxx-xxxx)	
Mailing Address (if different from above)	

**Child lives with:** Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_ Both Parents are in the home \_\_\_\_\_

Section 3: Other Children in the Family					
Name (First & Last)	Living With Child (Y/N)	Gender (M/F)	Birthday (MM-DD-YYYY)	School Attending & Year (Pre-K – 12)	Potential Enrollee (y/N)

*\*If additional children need to be added, please write their information on the back of this form.*

Section 4: Other Dependents in the Household				
Name (First & Last)	Living With Child (Y/N)	Gender (M/F)	Birthday (MM-DD-YYYY)	Relationship to Child (Grandparent(s), Aunt/Uncle,Niece/Nephew,etc.)

Section 5: Employment Income				
Name (First & Last)	Employer Name & Address	How Long? (#of years, Months, Days)	Income Rate (\$\$\$\$)	Earned (Hourly, Weekly, Biweekly, Monthly, Annually)

Section 6: Other Income				
Name (First & Last)	Other Income Source (EBT,Food Stamps, Child Support, SNAP, Childcare Service, etc.)	Gender (M/F)	Birthday (MM-DD-YYYY)	School Attending & Year (Pre-K – 12)

*\*If additional space is needed, please write the information on the back of this form.*

Total Gross Annual Income: \_\_\_\_\_ (Must include all sources identified in Sections 5-6)



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### **Scholarship Application Form**

Disclaimer: I fully intend to enroll my child in the FMBC CDCA if he/she is accepted. I agree to comply with the rules and regulations of the center to the best of my ability. I understand that any incorrect information submitted on this form will disqualify the candidate from a scholarship.

\_\_\_\_\_  
*Signature of Mother/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Father/Guardian*

\_\_\_\_\_  
*Date*

- **DO NOT COMPLETE; CDCA Administration ONLY!**

<b>Section 7: Income Verification</b>				

*Acceptable form(s) of income verification: 1040 Tax form, 1099 and check stubs.*