



NEW LIFE CHRISTIAN ACADEMY HYBRID
ADOPT-A-STUDENT TUITION ASSISTANCE/SCHOLARSHIP

I would like to become a partner in the Adopt-a-Student Scholarship.

- Sponsor a child's full annual tuition and fees in the amount of _____.
 - Student recipient name* _____
 - The institution will select the student scholarship recipient.*

- Sponsor a child's partial tuition in the amount of _____.
 - Student recipient name* _____
 - The institution will select the student scholarship recipient.*

Sponsor Information

Name _____

Email address _____

Phone _____ - _____

Mailing Address _____

City, State, Zip _____

Date Sponsorship begins _____

Date Sponsorship ends _____

Payments must be made in full by August 1st of each preceding school year in the form of Cash, Cashier's Check, or Money Order. Please make payable to New Life Christian Academy Hybrid.

For authorized personnel only:

Recipient Information

Student Name _____

Scholarship Amount _____

Academic Year _____

Date Authorized _____