



MONTE VISTA CHRISTIAN SCHOOL SCHOLARSHIP PROGRAM

PASTORS' DEPENDENTS FINANCIAL AID

STUDENT APPLICANT INFORMATION

All forms must be received by Feb 15th to be considered for the following year.

Student's Name

Last

First

Middle Initial

Date of Birth

Male

Female

U.S. Citizen

Home Address

City

State

Zip Code

SCHOOL INFORMATION

What grade are you applying for at Monte Vista Christian School?

Semester & year

PARENT INFORMATION

Name

Relationship

Address

Home Phone

Cell Phone

City

State

Zip

Bus. Phone

Email

PARENT WHO IS A PASTOR

Last

First

Are you actively employed as a pastor?

Hours per week

Your title (Head Pastor, Assoc. Pastor, etc.)

Current Employer Name

Employer Address

Supervisor's name

Title

Supervisor's phone

PLEASE MAIL A COPY OF YOUR PASTOR'S LICENSE TO:

Business Office, Monte Vista Christian School
2 School Way, Watsonville, CA 95076
Or fax it to 831-722-1813
For questions, call 831-722-8178 x113

