



New Jerusalem Christian School

Scholarship Application

5708 Old Canton Road, Jackson, MS 39211

Student's Personal Data

Parents will have to submit a separate application for each child

Student's Information:

Name: _____

Home Address: _____
(Street) (City/State) (Zip Code)

Primary Contact Number: _____ Email: _____

Gender: ___ M ___ F Age: _____ Date of Birth: ____/____/____

Previous School: _____ Grade: _____

No. of years at NJCS: _____ No. of siblings attending NJCS: _____

Church Attended: _____ Overall Behavior: _____

Parent/Guardian Information:

Father's Name: _____ Email Address: _____

Address: _____
(Street) (City/State) (Zip Code)

Phone: _____
(Home) (Cell) (Work)

Place of Employment: _____
(Name)

Place of Employment: _____
(Street) (City/State) (Zip Code)

Annual Income: _____
(Please attach proof of income: check stub, most recent tax return, W-2 or Letter from Employer)

Mother's Name: _____ Email Address: _____

Address: _____
(Street) (City/State) (Zip Code)

Phone: _____
(Home) (Work) (Cell)

Place of Employment: _____
(Name)

Place of Employment: _____
(Street) (City/State) (Zip Code)

Annual Income: _____
(Please attach proof of income: check stub, most recent tax return, W-2 or Letter from Employer)

