

The **1-2-3 Scholarship Program** is intended for students who otherwise could not afford to attend Greyfriars.

Yes, please send me more information about the 1-2-3 Scholarship Program.

**GCT Scholarship Program** If your student is applying for the 9<sup>th</sup> grade and was enrolled at Greyfriars Classical Tutorials (GCT) for the 2020-2021 school year, then check the box below. You are automatically eligible for up to \$1,000 (\$250 per year) toward your tuition, without regard to financial need.

Yes, my student was enrolled part-time or full-time at GCT for 2020-2021.

Was your student also enrolled at GCT for:  
2019-2020?  Yes  No | 2018-2019?  Yes  No | 2017-2018?  Yes  No

### STUDENT AND FAMILY INFORMATION *(Please print in ink or type)*

Intended enrollment, if known:

Today's Date \_\_\_\_\_

- Full-time (at least 4.5 credits ordinarily required)  
 Part-time (homeschool status)

Student's Name \_\_\_\_\_  
*last first middle prefers to be called*

Male  Female Entering Grade in Fall \_\_\_\_\_ Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

*Student  
Photo  
Requested*

Desired courses, if known:

_____ (credits)	_____ (course name)	_____ (credits)	_____ (course name)
_____ (credits)	_____ (course name)	_____ (credits)	_____ (course name)
_____ (credits)	_____ (course name)	_____ (credits)	_____ (course name)
_____ (credits)	_____ (course name)	_____ (credits)	_____ (course name)

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
*title last first middle prefers to be called*

Father's Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Workplace \_\_\_\_\_ Position \_\_\_\_\_ Work Phone \_\_\_\_\_

Workplace Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_  
*title last first middle prefers to be called*

Mother's Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Workplace \_\_\_\_\_ Position \_\_\_\_\_ Work Phone \_\_\_\_\_

Workplace Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Other Children:

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If parents are separated or divorced, with whom does the applicant live? \_\_\_\_\_

Family's Church \_\_\_\_\_ Are You Members? \_\_\_\_\_ Members for how long? \_\_\_\_\_

Family's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

### EDUCATIONAL HISTORY

Please list all other previous schools your child has attended (please list the most recent first):

School \_\_\_\_\_ Which years attended \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Which years attended \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Which years attended \_\_\_\_\_

Address \_\_\_\_\_

Is your child currently being educated at home? \_\_\_\_\_

Please list all tutorial or cooperative organizations you have used to supplement your child's education:

Name \_\_\_\_\_ Years attended \_\_\_\_\_

Brief description \_\_\_\_\_

Name \_\_\_\_\_ Years attended \_\_\_\_\_

Brief description \_\_\_\_\_

Name \_\_\_\_\_ Years attended \_\_\_\_\_

Brief description \_\_\_\_\_

List special honors or awards that your child has received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATIONAL PHILOSOPHY

What does *Christian* education mean to you? \_\_\_\_\_

\_\_\_\_\_

What does *classical* education mean to you? \_\_\_\_\_

\_\_\_\_\_

Why do you want your child to attend Greyfriars? \_\_\_\_\_

\_\_\_\_\_

Do you support Greyfriars' commitment to provide an education that is consistent with the Westminster Confession and Catechisms?

\_\_\_\_\_

### PERSONAL HISTORY

*In the best interest of your child, please be candid as you answer the following questions. Space for a brief explanation is supplied for each question, but you may also attach further explanation to this application as needed. During our review of your child's application, we may request further details and documentation on items below.*

Please list any medical conditions concerning which we should be aware (e.g., allergies, asthma, epilepsy, diabetes, HIV+, etc.)

\_\_\_\_\_

\_\_\_\_\_

Are your child's immunization records up to date? \_\_\_\_\_ (Please note: NC law requires every school to "maintain current and accurate disease immunization records on file at its office for each pupil enrolled." We must have a copy of these records at the time of enrollment.)

Has your child ever received special academic help or tutoring? \_\_\_\_\_ If so, briefly explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

Has your child ever repeated a grade for any reason? \_\_\_\_\_ Which grade? \_\_\_\_\_ Briefly explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been suspended or expelled for any reason? \_\_\_\_\_ If so, briefly explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been evaluated for a learning disability, hyperactivity, ADHD, or ADD, or been seen by a counselor / doctor / psychiatrist for any type of social, behavioral, or mental problems? \_\_\_\_\_ If so, briefly explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been involved in legal problems or been arrested? \_\_\_\_\_ If so, briefly explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

**STATEMENT OF FAITH**

This is the statement of faith of *Greyfriars Classical Academy* as found in our by-laws. Your signature at the end of this application indicates your full agreement with this statement of faith.

1. *I believe the Bible alone to be the word of God, the ultimate and infallible authority for faith and practice.*
2. *I believe that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit.*
3. *I believe that God created the heavens and the earth and all they contain, and that He upholds and governs them in accordance with his eternal will.*
4. *I believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.*
5. *I believe that, for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely necessary.*
6. *I believe that salvation is by grace through faith alone.*
7. *I believe that faith without works is dead.*
8. *I believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.*
9. *I believe in the resurrection of both the saved and the lost; they that are saved to the resurrection of life and they that are lost to the resurrection of damnation.*
10. *I believe in the spiritual unity of all believers in our Lord Jesus.*
11. *I believe that God defined marriage as the life-long covenant between one man and one woman, and that all forms of sexual activity outside of marriage are sin.*
12. *I believe that God immutably creates each person to reflect His image as male or female.*

**APPLICATION SIGNATURE**

I certify that the information on this application is correct. I affirm my full agreement with the statement of faith listed above. [If either parent takes exception to any item listed in the statement of faith, or if one parent is unable to sign, please offer a complete explanation on a separate sheet.]

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION CHECKLIST:**

- Completed and signed application (pages 1-4)
- Application fee (*full-time and part-time: \$150* [\$100 if applying by 1/29/21])
- Copy of student’s most recent grades and standardized test scores
- Pastoral reference delivered and request made of pastor (page 5)

**Notice of Nondiscriminatory Policy as to Students:** *Greyfriars Classical Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. Greyfriars Classical Academy does reserve the right to select applicants for admission on the basis of personal religious commitment and beliefs, academic performance, and willingness to cooperate with the Greyfriars Classical Academy Board and Administration and to abide by its policies.*

## PASTORAL RECOMMENDATION

### Section 1: Completed by the parents

Parents' names \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Student's name \_\_\_\_\_ Applying for grade \_\_\_\_\_

Pastor's name\* \_\_\_\_\_

Church name \_\_\_\_\_

Church address \_\_\_\_\_

*\*Note to parents: If someone in leadership at your church other than the senior pastor would be better suited to give a recommendation, that is also acceptable. Please indicate the name and position of that individual. As a courtesy, please consider supplying a return envelope, stamped and addressed to GCA at the address above.*

### Section 2: Completed by your pastor

*Dear Pastor,*

*The family named above is applying for admission to Greyfriars Classical Academy. GCA requires that at least one parent be a professing Christian, and we are particularly eager to partner with Christian families that conscientiously live out that faith. Since the parents named above have submitted this form to you, they are asking you to help us evaluate them. Please know that your comments will be kept completely confidential. GCA is grateful for your willingness to answer the following questions:*

Is at least one parent a member of your church? \_\_\_\_\_ How long have you known this family? \_\_\_\_\_

How frequently does this family attend worship? \_\_\_ weekly \_\_\_ regularly \_\_\_ occasionally \_\_\_ rarely

Would you recommend this family and this child for admission to GCA? \_\_\_\_\_

Are there additional comments you would like to make, or circumstances about which we should be informed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing for us to contact you? \_\_\_\_\_ Phone \_\_\_\_\_

Pastor's signature \_\_\_\_\_ Title \_\_\_\_\_

*Thank you for the time you have given to fill out this form. Please mail this form back to us at the address at the head of this page. If you have any questions, headmaster John McGowan can be reached at (704) 315-5774, or at [headmaster@greyfriarsclassical.org](mailto:headmaster@greyfriarsclassical.org).*