



Asheville Christian
ACADEMY

Minority Scholarship Application Form

Parent Name: _____

Student Name(s) & Current Grade(s): _____

Address: _____

Ethnicity: _____

School year applying for: _____

Parent Signature

Date

Eligibility:

- 1) The applicant and parents must meet all other ACA enrollment requirements.
- 2) The applicant is a member of a minority ethnic group (defined by an ethnicity which is less than 40% of the Buncombe County population as established by the most recent census).
- 3) An application to FACTS Tuition Aid is required to be completed prior to admission and application.
- 4) Students must reapply each year for funds for the following school year.

Please return to the ACA Business Office