



Office Use # _____

**PCS ALUMNI SCHOLARSHIP 2025-2026
for a Student entering K – 5th Grade**

Student's Name: _____
First Name Last Name

Grade student will enter in the fall of 2025: _____

Applicant is a: Returning student New student Female Male

Parent/Guardian #1 Name: _____
First Name Last Name

Phone: _____ Email: _____

Parent/Guardian #2 Name: _____
First Name Last Name

Phone: _____ Email: _____

Is the applicant a child or legal ward of a PCS alumnus? YES NO

Name of Alumnus: _____

Last name of Alumnus at the time of PCS graduation: _____ Year Alumnus graduated from PCS: _____

If the above-named student is granted a Scholarship (parent please initial):

___ I understand that scholarship funds will be applied toward the student's tuition only upon the condition that the student is enrolled in Portland Christian Schools through the school's regular admissions process.

___ I understand that scholarship funds will be allocated over the course of the selected payment plan. If the student's attendance terminates during the school year, the scholarship funds will be prorated for the time attended.

___ I agree that the student will write a thank you letter to the PCS Board of Trustees within two weeks of receiving notice of the award. I understand that the award will be applied toward the student's tuition only after the thank you letter has been received by the PCS Business Office.

___ I give permission to Portland Christian Schools to release the student's name, photograph, essay, and other information as it pertains to this scholarship award for publication, promotion, and other purposes.

I verify that I understand and agree to the terms listed above and that all statements and representations made by me are complete, true, and correct to the best of my knowledge. I have also read and understand the "Parameters for Portland Christian Schools Scholarships."

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Turn in your completed application and all additional documents to the Elementary Office or to the Business Office at the San Rafael Campus no later than **4:00 pm on Wednesday, April 2.**
YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS ALL REQUIRED DOCUMENTS ARE RECEIVED BY THE DEADLINE.



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STUDENT SECTION

The student is to answer the following questions in their own handwriting. If a student entering kindergarten - second grade does not feel able to write the answers themselves, they may tell the answers to someone who will write down what they say.

1. Your parent attended PCS many years ago. Why do YOU want to attend Portland Christian?

2. God made you! What is something you've done that makes you feel good? Why do you think you feel good about it?

3. What is something you would like to do but haven't been able to? What steps will you take to help you do it?

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4. One way we love God is by serving other people. What are two things you have done or plan to do to share God’s love by serving others?

PARENT/GUARDIAN SECTION

- The alumnus parent/guardian is to **answer the questions below**.
- Please staple a separate sheet with your answers to the Student Application.
- **DO NOT include their name or other personally identifying information** on the sheet or in your response. The application will be assigned a number when it is received by the PCS office and will be separated from personally identifying information before being forwarded to the selection committee.

PARENT/GUARDIAN QUESTIONS

1. What four words would you use to describe your experience when you were a student at Portland Christian? Explain each briefly.
2. How has your experience as a PCS student impacted your life since graduating?
3. How has your view of PCS changed or been confirmed since sending your own child here?
4. What are you hoping your child will gain by attending PCS that they wouldn’t have elsewhere?