



Mrs. Tamra VanDorn  
*Headmaster*

Dear Suffolk Christian Academy Student,

The Kacee Griffin Memorial Scholarship was established by the Griffin Family to honor Mrs. Griffin and her special love for Suffolk Christian Academy. This \$1,000.00 scholarship is awarded to a SCA student who demonstrates Christ-like character, academic achievement, and the desire to continue their education at Suffolk Christian Academy.

The recipient of the scholarship will be chosen by a Scholarship Committee. The named student of the scholarship must continue to maintain a high standard of conduct that emulates the principles of the Kacee Griffin Memorial Scholarship. The recipient must maintain a **"C"** average to be awarded the money for the fall semester.

#### **Eligibility Requirements**

Suffolk Christian Academy students who are interested in applying for the Kacee Griffin Memorial Scholarship must meet the following requirements to be eligible to apply:

1. Must maintain a **"C"** average.
2. Must demonstrate a high standard of conduct.
3. Must have attended Suffolk Christian Academy for at least 1 year.

#### **Application Requirements**

1. A completed application.
2. Have two letters of recommendation (relatives may **not** be used as a reference).

Please submit all application materials to Anne Kessler, the school financial administrator **by March 29th**. Scholarship award will be announced in June before the beginning of the academic year. Should you have any questions, please contact Mrs. Tamra VanDorn, Headmaster.

Respectfully,

The Scholarship Committee

Date Submitted: \_\_\_\_\_

## Kacee Griffin Memorial Scholarship Fund Scholarship Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Parent or Guardian Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Name of Church that you attend: \_\_\_\_\_

Member \_\_\_\_\_ Non-member \_\_\_\_\_

Community Activities: (volunteer work, church work, service organizations, etc.)

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Extracurricular Activities:

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What has attending Suffolk Christian Academy meant to you?

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Signature of Parent or Guardian\_\_\_\_\_  
Date