

**WHITTIER CHRISTIAN  
HIGH SCHOOL**

**Academic Merit  
Scholarship Application**

**DUE DATE: April 1**

- Attach:**
- Essay
  - Two (2) samples of academic work
  - 7<sup>th</sup> & 8<sup>th</sup> grade report cards
  - 7<sup>th</sup> grade standard achievement test results

**Applicant Information (please type or print):**

1. Applicant's Name \_\_\_\_\_

2. Father's Full Name \_\_\_\_\_ Mother's Full Name \_\_\_\_\_

3. Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Cell # ( ) \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

5. Jr. High School you attend \_\_\_\_\_

6. School organizations you belong to or activities you have participated in \_\_\_\_\_

\_\_\_\_\_

7. Favorite academic subject areas \_\_\_\_\_

\_\_\_\_\_

8. List academic awards and recognitions you have received \_\_\_\_\_

\_\_\_\_\_

*This Academic Merit Scholarship Application will only be considered  
if the student has completed the admission application process and has been  
officially accepted to Whittier Christian High School.*

**Questions? Contact Whittier Christian High School Admissions Office  
(562) 694-3803 ext. 316**



**WHITTIER CHRISTIAN  
HIGH SCHOOL**

**ACADEMIC MERIT  
SCHOLARSHIP  
English Recommendation  
Due April 1**

To be completed by your current **ENGLISH** teacher (waived if English Teacher submitted a rec for Admission)

Student Name \_\_\_\_\_ (FIRST) \_\_\_\_\_ (LAST)

*By signing this form, I am waiving all rights to read this confidential form once completed.*

**Student Signature X** \_\_\_\_\_

Name of Teacher (Please Print) \_\_\_\_\_

Name of School \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

*The information you provide will be held in strict confidence. At no time will the applicant have access to this info.*

RATING:	EXCEPTIONAL	AVERAGE	BELOW AVERAGE	POOR	NOT KNOWN
Overall Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative, Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior & Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty and Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give one or two specific examples of what makes this student stand out. *(Attach an additional page if more space is needed.)*

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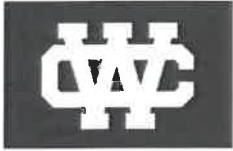
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**Signature X** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return this form to: **Whittier Christian High School Admissions Office** Phone: (562) 694-3803 ext. 316  
*(We will accept it emailed, faxed or mailed)* Email: [cmorrison@wchs.com](mailto:cmorrison@wchs.com) Fax: (562) 697-1673  
 Mailing address: 501 N. Beach Blvd., La Habra, CA 90631



**WHITTIER CHRISTIAN  
HIGH SCHOOL**

**ACADEMIC MERIT  
SCHOLARSHIP  
Math Recommendation  
Due April 1**

To be completed by your current  
**MATH** teacher (waived if Math teacher  
filled out the rec for Admission)

Student Name \_\_\_\_\_  
(FIRST) (LAST)

*By signing this form, I am waiving all rights to read this confidential form once completed.*

Student Signature X \_\_\_\_\_

Name of Teacher (Please Print) \_\_\_\_\_

Name of School \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

*The information you provide will be held in strict confidence. At no time will the applicant have access to this info.*

RATING:	EXCEPTIONAL	AVERAGE	BELOW AVERAGE	POOR	NOT KNOWN
Overall Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative, Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior & Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty and Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give one or two specific examples of what makes this student stand out. (Attach an additional page if more space is needed.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to: Whittier Christian High School Admissions Office Phone: (562) 694-3803 ext. 316  
 (We will accept it emailed, faxed or mailed) Email: [cmorrison@wchs.com](mailto:cmorrison@wchs.com) Fax: (562) 697-1673  
 Mailing address: 501 N. Beach Blvd., La Habra, CA 90631