

***IRON SHARPENS IRON*** – *Proverbs 27:17*



## **SCOTLAND CAMPUS SPORTS DIVISION**

2021-2022

### US Post Grad Enrollment

#### **Honor Code**

**"A Knight will not lie, cheat, steal, or tolerate those who do."**

# APPLICATION PROCESS

1. APPLICATION FOR ADMISSION
2. SUBMIT ALL HIGH SCHOOL OFFICIAL TRANSCRIPTS
3. REVIEW AND COMPLETE FINANCIAL AID/SCHOLARSHIP APPLICATION IF APPLICABLE
4. SEND DEPOSIT
5. SIGN SCS SCHOLARSHIP LETTER OF INTENT
6. COMPLETE PAYMENT AGREEMENT  
(a 3% credit card transaction fee will be applied to all credit card transactions)
  - A. FULL PAYMENT
  - B. HALF PAYMENT
  - C. QUARTERLY
  - D. MONTHLY

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT INFORMATION			
Name: (Family Name, Given Name)			Nickname:
School Year:	Gender:	Date of Birth:	Age:
Term Applying for: ___ Fall      ___ Spring	Current Grade:	Place of Birth:	Country of Citizenship:
Date of Application:	Grade Applying For:	Residential Program Applying for: ___ Homestay      ___ Dormitory	

STUDENT CONTACT INFORMATION			
Street Address:		Home Phone Number:	Cell Phone Number:
City:	State/Province:	Country:	
Postal Code:	Email Address:		

REFERENCE	
Talent :	<p style="text-align: center;"><b>Have you ever been:</b></p> <p>Expelled or suspended from school?      Yes    No</p> <p>Caught using drugs, alcohol, or tobacco?      Yes    No</p> <p>Prescribed a daily medication we should know about?      Yes    No</p> <p>Repeated a grade level during your educational career?      Yes    No</p> <p><b><u>If you answered "Yes" to any of the question above, please use this section to explain in detail:</u></b></p>
Aspiration :	
Hobby :	
Chronic Illness :	

## STATEMENT OF INTENT

Please state the reason(s) why you desire to attend Scotland Campus Sports:

### FAMILY INFORMATION: PARENT(S) / LEGAL GUARDIAN(S)

FATHER or Male Legal Guardian		MOTHER or Female Legal Guardian	
Full Name: (Last, First, Middle)		Full Name: (Last, First, Middle)	
Address:		Address:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Work Phone:		Work Phone:	
Email Address:		Email Address:	
Place of Employment:		Place of Employment:	
Position:	Work Phone:	Position:	Work Phone:
Marital status of parents listed above: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Living Together If separated or divorced please explain legal custody and rights information:			

## EXTRACURRICULAR ACTIVITIES/GOALS

List any extracurricular activities with which you have been involved (athletics, student leadership, clubs, etc.)

List any community service projects or employment you have experienced:

What are your post-high school goals? (What kind of college do you hope to attend; what work-related interests might you pursue?)

## CURRENT CHURCH MEMBERSHIP/ACTIVITY

Are you affiliated with a particular religion or denomination?  
Please explain.

Church of Attendance:

Are you a member of this church:  
\_\_\_Yes\_\_\_No

Pastor's Name

Have you and your parents read the SCS Statement of Faith  
and do you support that Statement? \_\_\_Yes \_\_\_No

Pastor's Email Address:

Pastor's Phone Number:

Church Address:

Other \_\_\_\_\_

# PHYSICAL EXAMINATION RECORD

PHYSICAL EXAMINATION (To be completed by Medical Provider)

Physical Exam Date \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

DATE OF BIRTH (mo/day/yr) \_\_\_\_\_

STUDENT ID# \_\_\_\_\_

TEMP \_\_\_\_\_ RESP \_\_\_\_\_ PULSE (sitting) \_\_\_\_\_

BLOOD PRESSURE (sitting) \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

BMI (Body Mass Index) \_\_\_\_\_

VISION: Right Eye 20/\_\_\_\_ Left Eye 20/\_\_\_\_ Corrected: Right Eye 20/\_\_\_\_ Left Eye 20/\_\_\_\_

ALLERGIES:

MEDICATIONS:

**PHYSICAL EXAM**

General Appearance/Mental Status:

Check appropriate answer	Normal	Abnormal	Comment on abnormalities
Head/face/scalp			
Neck/nodes/ thyroid			
Eyes/Ears/Nose/Sinuses			
Mouth and teeth			
Pharynx and tonsils			
Lungs and chest			
Breasts			
Heart (size, rhythm, murmurs)			
Abdomen (scars, hernia, mass)			
Genitourinary (pelvic in females)			LNMP ___/___/___
Anus, rectum (prostate in males)			
Extremities			
Spine and musculoskeletal			
Peripheral vascular system			
Skin and lymphatics			
Neurological, reflexes			

**TUBERCULOSIS SCREENING**

Please document dates for the last PPD reading:

Date skin test placed \_\_\_ / \_\_\_ / \_\_\_\_\_ Date skin test read \_\_\_ / \_\_\_ / \_\_\_\_\_ Reading in mm induration: \_\_\_\_\_

If PPD is positive, you must submit a copy of a chest x-ray report done within the last six months.

Date of Chest X-Ray \_\_\_\_\_ Result: \_\_\_\_\_

Restricted Activity: \_\_\_\_\_

Reason for Restriction: \_\_\_\_\_

Provider's Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Name-Office/Clinic Phone No: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Office/Clinic Address

All Pennsylvania State required immunizations must be completed within 5 days of school/program start date in order to continue attending classes. We will notify you as to any that are still needed when we review your records.

**CERTIFICATE OF IMMUNIZATION**

NAME : \_\_\_\_\_ BIRTH DATE : \_\_\_\_\_ SEX : M or F

VACCINE	Dose	DATE GIVEN Month / Day / Year	Remarks
DTP Diphtheria Tetanus Pertussis	1	/ /	
	2	/ /	
	3	/ /	
	4	/ /	
	5	/ /	
Tdap	1	/ /	
Polio	1	/ /	
	2	/ /	
	3	/ /	
	4	/ /	
MMR (Measles, Mumps, Rubella)	1	/ /	
	2	/ /	
Hepatitis B	1	/ /	
	2	/ /	
	3	/ /	
Varicella	1	/ /	Or provide Mo/Year you had disease
	2	/ /	
Meningococcal (MCV4)	1	/ /	
	2	/ /	Second dose required for entry into 12 <sup>th</sup> grade and post grad studies.
		Must be typed or printed NEATLY	Please use Month/day/year Format

Signature : \_\_\_\_\_ Date: \_\_\_\_\_ Clinic Name/Address \_\_\_\_\_

Scotland Campus Sports, 3583 Scotland Road, P.O. Box 370, Scotland, Pennsylvania 17254  
(717) [753-4341\\_scadmission@scotlandcampus.online](mailto:753-4341_scadmission@scotlandcampus.online)



## **INTRODUCTION to SCOTLAND CAMPUS COMPLIANCE STANDARDS**

Scotland Campus Sports is a Christian Educational Ministry for the purposes of expanding Christian values and improving the skills and character of its students. Chapel during the week and Christian worship on the weekend is required. Failure to attend can lead to expulsion from the program. While on Scotland Campus as a student, it is expected that behavior of students reflect respect for the traditions that are integral to the practice of Christian faith. No accommodation is made for those of other faiths. For the duration of a student's enrollment in SCS, it is expected that behavior, language, and self-discipline reflect the values of a Christian community.

Moral misconduct which violates the standard qualifications for students and employees includes, but is not limited to, such behaviors as the following: heterosexual activity outside of marriage (e.g., premarital sex, cohabitation, extramarital sex), homosexual or lesbian sexual activity, polygamy, transgender identity, any other violation of the unique roles of male and female, sexual harassment, use or viewing of pornographic material or websites, and sexual abuse or improprieties toward minors as defined by Scripture and federal or state law."

### **STUDENT SELF-INTRODUCTION**

*\*This form must be completed by the applicant. If needed, additional paper can be attached to this form.*

- 1. Please introduce your family and your childhood background.**
- 2. Why would you like to attend Scotland Campus Sports and what are your future goals?**
- 3. Please answer following questions concerning your faith...**
  - a. Have you accepted Jesus Christ as your personal savior?**
  - b. Could you please tell us about your life before you met Jesus Christ?**
  - c. Please describe in detail how you came to know and accept Jesus as your Lord and Savior.**
  - d. Please tell us about your life after you received Jesus Christ as your personal savior.**

**STUDENT SELF-INTRODUCTION**

**B. If you claim yourself as non-Christian, please answer below**

**a. Do you have desire to know more about Christianity?**

**b. Would you like to know how you can become a believer of Jesus Christ?**

- 4. If you have been involved in any extracurricular activities? (clubs, sports, volunteering, etc) please tell us about them including your role in the group.**
- 5. Do you have any experience studying outside of your native country? If you have, please tell us about your experience.**
- 6. Do you have any skills or talents? (Sports, arts, music, or any other notable talents) Please tell us about them.**
- 7. Are there any health concerns or habits that we should be aware of? If yes, please describe below.**

## PARENTS SELF-INTRODUCTION

1. Father's Name:	
<b>Employment</b>	
Company Name:	Company Phone#:
Department:	Position:
3. School History:            High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Major <input type="checkbox"/>	
<b>Religious Life</b>	
Current church you're attending:	Denomination:
Position:	Pastor:
5. Please explain below (Why do you want to send your child to SCS ?)	
1. Mother's Name:	
<b>Employment</b>	
Company Name	Company Phone#:
Department	Position:
3. School History:            High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Major <input type="checkbox"/>	
<b>Religious Life</b>	
Current church you're attending:	Denomination:
Position:	Pastor:
5. Please explain below (Why do you want to send your child to SCS ?)	

## **PASTOR RECOMMENDATION FORM**

*The following student has applied for admission to Scotland Campus Sports. This letter of recommendation will be an important reference to the student's admission. Therefore, when filling out this recommendation letter, we ask you to be honest. Please complete in your own handwriting.*

Student Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

1. How long have you known the student? (Approx. Year (s)\_\_\_\_, Month (s)\_\_\_\_)
2. How well do you know the student ( Super well  Very Well  Well  Not very well )
3. When did the student attend your church?
4. Which types of church activities is the student involved with? (Focusing on activity department position, worship participation)
5. Has the student accepted Christ as their personal Savior?  Yes  No (Please note if yes)
6. Please comment on the student's commitment to the Church.
7. What are some of the positive attributes of the student? (Including special gifts or talents)
8. What are some of the negative attributes of the student and are you aware of them?
9. Briefly describe the student's home environment (if known).
10. Please list any church related activities of the student's parents.

*\*If you have any additional comments about the student other than above, please record it.*

*\*Please attach most recent program from your church*

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GLOBAL VISION CHRISTIAN SCHOOL  
**PENNSYLVANIA**



**NEW STUDENT APPLICATION FOR ADMISSION**

**PASTOR RECOMMENDATION FORM**

**Please mark below:**

- |                                  |                                      |                                   |                                  |
|----------------------------------|--------------------------------------|-----------------------------------|----------------------------------|
| Initiative                       | <input type="checkbox"/> Aggressive  | <input type="checkbox"/> Normal   | <input type="checkbox"/> Passive |
| Social adaptability              | <input type="checkbox"/> Excellent   | <input type="checkbox"/> Moderate | <input type="checkbox"/> Slow    |
| Attention and concern for others | <input type="checkbox"/> High        | <input type="checkbox"/> Moderate | <input type="checkbox"/> Low     |
| Leadership                       | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Moderate | <input type="checkbox"/> Low     |
| Confidence                       | <input type="checkbox"/> High        | <input type="checkbox"/> Moderate | <input type="checkbox"/> Absent  |
| Emotional stability              | <input type="checkbox"/> High        | <input type="checkbox"/> Average  | <input type="checkbox"/> Low     |
| Health                           | <input type="checkbox"/> Healthy     | <input type="checkbox"/> Moderate | <input type="checkbox"/> Weak    |

(General opinion) \_\_\_\_\_

- |                                       |  |                                   |  |
|---------------------------------------|--|-----------------------------------|--|
| Intelligence (comprehension)          | <input type="checkbox"/> Quick to understand   | <input type="checkbox"/> Moderate | <input type="checkbox"/> Slow                  |
| Effort (diligence)                    | <input type="checkbox"/> Very enthusiastic     | <input type="checkbox"/> Moderate | <input type="checkbox"/> Insufficient          |
| Reliability (Responsibility)          | <input type="checkbox"/> Reliable              | <input type="checkbox"/> Moderate | <input type="checkbox"/> Not reliable          |
| Cooperation (cooperation with others) | <input type="checkbox"/> Work well with others | <input type="checkbox"/> Moderate | <input type="checkbox"/> Difficult Personality |
|                                       | <input type="checkbox"/> Positive              | <input type="checkbox"/> Moderate | <input type="checkbox"/> Negative              |

(General opinion) \_\_\_\_\_

• **A certificate of Parent's church attendance verification**

Names (Father & Mother)	Years of attendance (Father & Mother)	Church Office (Father & Mother)	Other Departments Specify: _____
/	/	/	/

\*If you recommend a student who does not attend church, Please describe your motivation for support, student's willingness to live by faith in the future, and your consultation results.

Referrer's Position: \_\_\_\_\_

Full Name: \_\_\_\_\_ (Signature) \_\_\_\_\_

Name of the Church: \_\_\_\_\_





GLOBAL VISION CHRISTIAN SCHOOL  
**PENNSYLVANIA**



**NEW STUDENT APPLICATION FOR ADMISSION**

**Chapter 4 Tuition, fees. Collection and return of entrance fees and expenses**

**Article 10**

Tuition fees and student administration fees are to be paid before beginning of each semester.

**Article 11**

Entrance fees already paid will not be refunded, but tuition fees will be refunded after deducting the amount due until the date of the grounds for the refund. Scotland Campus Sports holds space open for students. When a student, either by their own initiative or a failure to comply with some essential portion of the agreement of any nature specified in the later portion of this document, refunds of tuition will not be made. The cost of reserving a space for a student limits the enrollment of another qualified student who could have taken their spot, thus harming the functioning of the school.

**Article 13**

Student management fee refers to dormitory facilities management and administration, student life guidance, and food expenses.

Fees are non-refundable.



# GLOBAL VISION CHRISTIAN SCHOOL PENNSYLVANIA



## NEW STUDENT APPLICATION FOR ADMISSION

### Arbitration Rules

You can limit the issuance of various certificates (grades, graduation, enrollment, etc.) and the residence of dormitories when the payment is in default.

### Communications with you and consent to contact you

By providing a wired and /or wireless telephone number you agree, in order for us to service our account or to collect any amounts you may owe, we, our agents, assignees, third party(s) servicing agents or its third party debt collectors may contact you by phone at any phone number associated with your account and/or number provided by you, including but not limited to wired or wireless phone numbers, which could result in charges to you. You also agree to allow us, our agents, assignees, third party(s), servicing agents or its third party debt collectors to communicate with you to include text messaging, e-mail, facsimile, and any other electronic communications you. You also agree that methods of contact may include the use of pre-recorded or artificial voice messages and/or use of an automated telephone dialing device. You agree that we, our agents and third party debt collectors may, for training purposes or to evaluate the quality of service, may listen to and record phone conversations you have with us and/or our agents, assignees, third party(s) or servicing agent(s) or third party debt collectors.

### Seal (Extended Statute Seal)

By placing the word "Seal" beside the signature line, the statute of limitations is extended. No paperwork is necessary for authorization of use of Seal. Normal statute of limitations is 4 years. For services rendered it is extended to 20 years.

### Adding Collection Fees

Unsigned contract or verbal authorization: 25%, Signed authorization: 50% (creditor's discretion)  
If my account becomes assigned to a collection agency, I agree to pay a 25% collection fee, interest in the amount of 18%, court costs, and attorney fees, as allowed by law.

***I have read and understood the above financial statements and pledge that I will comply with all financial regulations revised in the future by official procedures.***

Year: 20\_\_\_\_\_Month:\_\_\_\_\_Day: \_\_\_\_\_

Student Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Responsible Party (Father/Guardian Signature)(SEAL) \_\_\_\_\_

Responsible Party (Mother/Guardian Signature)(SEAL) \_\_\_\_\_

## Medical History

The following health history is confidential and does not affect your admission status. This information is requested to determine if you have any medical conditions that may require special assistance from the school. This information will be used to help us provide continuity of care for you. This information will not be released without your written permission except in an emergency situation, by court order or by parental consent if under age 18. Please attach additional sheets for any items that require additional explanation.

**SECTION 1: REPORT OF MEDICAL HISTORY** (Please print in black ink)

LAST NAME FIRST NAME MIDDLE NAME STUDENT ID NUMBER SOC. SECURITY NUMBER

PERMANENT ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE

DATE OF BIRTH (mo/day/yr) PLACE OF BIRTH GENDER  M  F

EMAIL	CLASS YOU ARE ENTERING (circle) FR. SO. JR. SR. GRAD. PROF.	SEMESTER ENTERING (circle): FALL SPRING SUMMER 1 SUMMER 2 YEAR
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NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY RELATIONSHIP

ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND ADDRESS OF HEALTH INSURANCE CO. AREA CODE/PHONE

NAME OF POLICY HOLDER POLICY/CERTIFICATE # GROUP #

**SECTION 2: FAMILY MEDICAL HISTORY** (Please print in black ink)

**HAS ANY PERSON, RELATED BY BLOOD, HAD ANY OF THE FOLLOWING CONDITIONS:**

	Person 1			Person 2			Person 3			Person 4		
	Yes	No	Relationship	Yes	No	Relationship	Yes	No	Relationship	Yes	No	Relationship
High blood pressure												
Stroke												
Heart attack before age 55												
Blood or clotting disorder												

**SECTION 3: PERSONAL MEDICAL HISTORY** (Please print in black ink)

**DO YOU HAVE A HISTORY OF ANY OF THE FOLLOWING: PLEASE ANSWER EACH QUESTION AND INDICATE YEAR FOR YES ANSWERS**

	Question 1			Question 2			Question 3			Question 4					
	Yes	No	Year	Yes	No	Year	Yes	No	Year	Yes	No	Year			
Anemia or Sickle cell anemia				Chest Pain or pressure				Headaches (Frequent/severe)				Protein or blood in urine			
Anorexia/Bulimia				Chronic cough				Head injury (severe)				Chronic pain (severe/recurrent)			
Allergies/Hay fever				Concussion				Hepatitis or Jaundice				Pneumonia			
Asthma				Cancer or Tumor				Hearing loss				Rectal disease			
Arthritis								Hernia (specify)				Rheumatic or Scarlet fever			
				Diabetes				Intestinal problems				Serious skin disease			
Breathing problems/				Dizziness or fainting				Kidney stone				Seizures			
Back or neck injury				Depression or Excessive worry				Learning disorder (specify)							
Bone, joint or other deformity				Eye problem (not glasses)				Malaria				Thyroid trouble			
Broken bone(specify)				Easy fatigability								Tuberculosis			
Bladder or kidney Infection				High blood pressure				Menstrual cramps (severe)							
Blood transfusion				Heart condition				Physical disability				Other (specify)			

Please complete reverse side.



**SECTION 3: PERSONAL MEDICAL HISTORY – CONTINUED** (Please print in black ink)

Describe any conditions or disabilities that would exclude participation in physical education (e.g., swimming). \_\_\_\_\_

Do you exercise three or more times per week?  YES  NO Do you use a seatbelt on a regular basis?  YES  NO

Please list any drugs, medicines, birth control pills, vitamins, minerals (prescription and nonprescription or herbal medicines) you use and indicate how often you use them?

	Name of drug	Reason for taking drug?	How much are you taking and how often?
1.			
2.			
3.			
4.			

Have you ever experienced adverse reactions (hypersensitivities, allergies, upset stomach, rash, hives, etc.) to any of the following? If yes, please explain the type of reaction, your age when the reaction occurred, and if the experience has occurred more than once.

	Yes	No	Explanation
Penicillin			
Sulfa			
Other antibiotics (name)			
Aspirin			
Codeine or other pain relievers			
Other drugs, medicines, chemicals (specify)			
Insect bites			
Food allergies (name)			

	Yes	No	Explanation (specify when, where and why)
Have you ever been a patient in any type of hospital?			
Has your academic career been interrupted due to physical or emotional problems?			
Have you ever had any serious illness or injuries other than those already noted?			

**IMPORTANT INFORMATION.....PLEASE READ AND COMPLETE**

**STATEMENT BY STUDENT:**

(A) I have personally supplied (reviewed) the above information and attest that it is true and complete to the best of my knowledge. I understand that the information is strictly confidential and will not be released to anyone without my written consent, except in an emergency or by Court Order. However, if I should be ill or injured or otherwise unable to sign the appropriate forms, I hereby give my permission for the Student Health Center to release information from my record to a physician, hospital or other medical agency involved in providing me with emergency treatment and/ or medical care.

(B) I hereby authorize any medical treatment for myself that may be advised or recommended by the providers of the Student Health Center.

(C) Mental Health: I also hereby authorize transportation to Howard University Hospital when recommended by the psychologist/psychiatrist of the University Counseling Center.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**PARENTAL/GUARDIAN PERMIT – MUST BE COMPLETED IF STUDENT IS UNDER 18 YEARS OF AGE**

The LAW requires that parental permission be obtained for medical treatment of minors. A parent or guardian should sign the following consent form so that medical treatment may be given to the student who is a minor. However, no major operation will be performed except in extreme emergency, without parent/guardian being contacted and fully informed.

I give permission for such diagnostic and therapeutic procedures as may be deemed necessary for my daughter/son/ward.

(Signed) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Date) \_\_\_\_\_



**Scotland Campus Knights**  
**IRON SHARPENS IRON** – Proverbs  
 27:17

# SCOTLAND CAMPUS SPORTS

## BASEBALL

STUDENT-ATHLETE PROGRAM TUITION  
ACADEMIC YEAR 2021-2022

Fall Semester, August 16, 2021 through December 19, 2021 | Spring Semester, January 9, 2022 through May 30, 2022

### ACADEMIC YEAR TUITION

The Student-Athlete Tuition Package is the Cornerstone of the SCS experience, focusing on academic, athletic & personal development, and represents the greatest value. The boarding package private school tuition, sport tuition as well as standard housing & meal plan.

### STUDENT-ATHLETE TUITION PACKAGE\*

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**BOARDING**  
\$41,500

**COMMUTER**  
\$26,500

**A Non-Refundable Program Deposit of \$2500 is required.** This will be applied toward tuition. Due when Letter of Intent is signed. Purpose of this deposit is to secure your spot in our program along with your dorm room.

### NEED-BASED SERVICES

Working with individual student-athletes, we recognize that each one's needs are unique. We have designed our admissions process to help identify and accommodate the needs of the individual. Some services may be required, or enrollment based on admissions evaluations. These services include (but are not limited to) the following:

**English as a Second Language (ESL) Program**-Students enrolling at SCS with less than acceptable TOEFL score will be placed in supplemental English language classes until their English proficiency reaches an acceptable level. Typically, students take two classes per semester (program cost \$675/class).

### STUDENT-ATHLETE MEALS, HOUSING & UPGRADES

Standard shared rooms and meals (breakfast, lunch and dinner) are included in boarding tuition.

### SPECIALTY PROGRAMS

Please inquire with Student Services for information and pricing for our specialty programs: SEMI-INTENSIVE ENGLISH, SPORT ONLY, SCHOOL ONLY\*, SUMMER SCHOOL and SUMMER CAMP.

*\*SCHOOL ONLY programs are limited to siblings of student-athletes & elementary school students*

### PAYMENT OPTIONS

**OPTION 1 -Pay in Full:** Complete balance of tuition, deposits & fees are due by August 15th, 2021 for the Academic Year. Past due payment fees apply.

**OPTION 2 -Pay in ½'s:** 1st half due by Aug 15th, 2nd half due by Dec.15th

**OPTION 3- Pay in ¼'s:** 1st quarter due Aug 15th, 2nd payment due October 15th 3rd payment due December 15th and 4th payment due February 15th.

**OPTION 4-Pay Monthly:** Payments are due the 15th of each month beginning Aug. 15th

### NON-REFUNDABLE FEES

Medical Fee	\$610
US Student Fee	\$800 <b>(Applicable only to student-athlete taking GVCS Class)</b>

*\*\*All fees are non-refundable*

**FOR ADDITIONAL INFORMATION, PLEASE CALL (717) 753-4341** \*Please note that prices are subject to change without notice.



**Scotland Campus Knights**  
**IRON SHARPENS IRON** – Proverbs  
 27:17

**SCOTLAND CAMPUS  
 SPORTS  
 BASKETBALL**

STUDENT-ATHLETE PROGRAM TUITION  
 ACADEMIC YEAR 2021-2022

Fall Semester, August 16, 2021 through December 19, 2021 | Spring Semester, January 9, 2022 through May 30, 2022

**ACADEMIC YEAR TUITION**

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**STUDENT-ATHLETE TUITION PACKAGE\***  
 POST-GRAD

**BOARDING**  
 \$41,500

**STUDENT-ATHLETE TUITION PACKAGE\***  
 POST GRAD AND HS

**COMMUTER**  
 \$26,500

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**OPTION 3- Pay in 1/4's:** 1st quarter due Aug 15th, 2nd payment due October 15th 3rd payment due December 15th and 4th payment due February 15th.

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US Student Fee \$800 **(Applicable only to student-athlete taking GVCS Class)**

*\*\*All fees are non-refundable*

**FOR ADDITIONAL INFORMATION, PLEASE CALL (717) 753-4341** \*Please not that prices are subject to change without notice.





**Scotland Campus Knights**  
**IRON SHARPENS IRON** – Proverbs  
 27:17

**SCOTLAND CAMPUS  
 SPORTS  
 SOCCER**

STUDENT-ATHLETE PROGRAM TUITION  
 ACADEMIC YEAR 2021-2022

Fall Semester, August 16, 2021 through December 19, 2021 | Spring Semester, January 9, 2022 through May 30, 2022

**ACADEMIC YEAR TUITION**

The Student-Athlete Tuition Package is the Cornerstone of the SCS experience, focusing on academic, athletic & personal development, and represents the greatest value. The boarding package private school tuition, sport tuition as well as standard housing & meal plan.

**STUDENT-ATHLETE TUITION PACKAGE\***  
 POST-GRAD

**BOARDING**  
 \$41,500

**STUDENT-ATHLETE TUITION PACKAGE\***  
 POST GRAD AND HS

**COMMUTER**  
 \$26,500

**A Non-Refundable Program Deposit of \$2500 is required.** This will be applied toward tuition. Due when Letter of Intent is signed. Purpose of this deposit is to secure your spot in our program along with your dorm room.

**NEED-BASED SERVICES**

Working with individual student-athletes, we recognize that each one's needs are unique. We have designed our admissions process to help identify and accommodate the needs of the individual. Some services may be required, or enrollment based on admissions evaluations. These services include (but are not limited to) the following:

**English as a Second Language (ESL) Program**-Students enrolling at SCS with less than acceptable TOEFL score will be placed in supplemental English language classes until their English proficiency reaches an acceptable level. Typically, students take two classes per semester (program cost \$675/class).

**STUDENT-ATHLETE MEALS, HOUSING & UPGRADES**

Standard shared rooms and meals (breakfast, lunch and dinner) are included in boarding tuition.

**SPECIALTY PROGRAMS**

Please inquire with Student Services for information and pricing for our specialty programs: SEMI-INTENSIVE ENGLISH, SPORT ONLY, SCHOOL ONLY\*, SUMMER SCHOOL and SUMMER CAMP.

*\*SCHOOL ONLY programs are limited to siblings of student-athletes & elementary school students*

**PAYMENT OPTIONS**

**OPTION 1 -Pay in Full:** Complete balance of tuition, deposits & fees are due by August 15th, 2021 for the Academic Year. Past due payment fees apply.

**OPTION 2 -Pay in 1/2's:** 1st half due by Aug 15th, 2nd half due by Dec.15th

**OPTION 3- Pay in 1/4's:** 1st quarter due Aug 15th, 2nd payment due October 15th 3rd payment due December 15th and 4th payment due February 15th.

**OPTION 4-Pay Monthly:** Payments are due the 15th of each month beginning Aug. 15th

**NON-REFUNDABLE FEES**

Medical Fee \$610

US Student Fee \$800 **(Applicable only to student-athlete taking GVCS Class)**

*\*\*All fees are non-refundable*

**FOR ADDITIONAL INFORMATION, PLEASE CALL (717) 753-4341** *\*Please not that prices are subject to change without notice.*

Scotland Campus Sports  
Contract for the 2021-22 Academic Year

By signing this agreement you accept the place Scotland Campus Sports has reserved for - \_\_\_\_\_, (the "Student") who will be enrolled in the \_\_\_\_\_ grade for the 2021-22 academic year. This contract clarifies the terms and conditions of your child's enrollment at Scotland Campus Sports.

### Tuition and Fees

Pending anticipated Board approval, tuition and fees for the 2019-20 academic year have been set at:

- Boarding Tuition \$41,500 (includes standard housing and meal plan)
- \*Commuter Tuition \$26,500 (includes 2 meals per academic day)
- Medical Fee \$610
- US Student Fee \$800 (Applicable only to student-athlete taking HS Class)

### Tuition Payment Options

Scotland Campus Sports offers 4 payment options. By checking one, you agree to pay the school's tuition and fees according to the selected plan.

**Please select one plan:**

\_\_\_ **Option 1-Pay in Full:** Complete balance of tuition, deposits & fees are due by August 15, 2021 for the Academic year. Past due payment fees apply.

\_\_\_ **Option 2-Pay in 1/2's:** 1st half due August 15, 2<sup>nd</sup> half due December 15.

\_\_\_ **Option 3-Pay in 1/4's:** 1<sup>st</sup> quarter payment due Aug.15, 2<sup>nd</sup> quarter due Oct.15, 3<sup>rd</sup> quarter due Dec. 15 and 4<sup>th</sup> quarter due Feb. 15.

\_\_\_ **Option 4-Pay monthly:** Payments are due by the 15<sup>th</sup> of each month.

### Deposits

A \$1200 International Fee is due at the time of submitting your admission forms. When you are granted your F-1 Student-Visa, your first monthly payment or remainder of program deposit (whichever is greater) is due. **\*Failure to submit first month's payment or remainder of the \$2500 program deposit will result in cancellation of your SEVIS record and termination from the program.**

### Account Status

You understand and agree that:

- Your account will be kept current.
- Your financial obligations to the school must be met before the Student will be permitted to advance to the next semester or, if a senior, graduate from SCS/GVCS
- SCS will not release report cards or grades and transcripts will not be sent to other schools or colleges until your account is brought up to date.
- The student will not be allowed to participate in a school sponsored trip unless your account is current.
- SCS reserves the right to withhold grades and transcripts for nonpayment of fines.

- SCS reserves the right to apply any monies received for trips or deposits first to outstanding tuition balances.

**Withdrawal and Refunds**

Notice of a student’s withdrawal must be given in **writing** to SCS’s Registrar. If the Student’s enrollment is withdrawn in writing on or before June 30, 2021, you shall be released from the obligation to pay tuition and fees however your initial deposit will not be refunded. Please understand that the school’s financial obligations do not change if a student withdraws from the school after June 1, 2021. As a result, your obligation to pay tuition and fees is unconditional. If you withdraw from the school:

- Between June 1, 2021 and December 15, 2022, you are responsible for payment of **one half** of the full year’s tuition and fees.
- After December 15, 2021 you are responsible for payment of the **entire** year’s tuition and fees.

Refund requests should be submitted in writing to the Business Office.

In the event any action is brought to recover fees payable under this agreement, you agree to pay SCS all costs and attorneys’ fees incurred by SCS.

**Term of the Contract**

This contract is valid for one year only: June 1, 2021 to May 31, 2022. Both parties must agree to its renewal for the following year. **Either party** may, for any reason, decline to renew, and no reason need be given for so declining. Nothing in this agreement shall prohibit the School from expelling a student during the period of the contract for valid academic and/or disciplinary reasons.

**Student Handbook**

Enrollment at SCS is dependent upon acceptance of the rules and regulations of the school as outlined in the 2021-22 Complete Campus Agreement/ Community Life Covenant/ Honor Code. By signing below, you acknowledge that you and the Student have read the 2021-22 Enrollment packet and agree to abide by its terms. Please call Student Services at 717-753-4341 to obtain a copy of the Enrollment Packet.

**Acceptance**

By signing this document, I acknowledge that I accept the terms and agreement as stated in this contract and accept full responsibility for tuition payment.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Please Print Carefully**

Parent/Legal /Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home# ( ) \_\_\_\_\_ Work# ( ) \_\_\_\_\_ Cell# ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_ Please check if your address, phone or email information is new

**Tuition Non-Payment Policy**

5th school day past due on each payment on payment plan

- Student-athlete may not participate in practice, workouts, games or team functions
- Student-athlete can continue to attend class, live in dorms, and continue receiving meals at Highland Grille

6<sup>th</sup> school day past due

- Student-athlete may no longer participate in any team related function
- Student-athlete may no longer attend class
- Student-athlete may no longer receive meals at Highland Grille

10<sup>th</sup> school day past due

- Student-athlete is removed from the Scotland Campus and no longer is connected to any sports program
- Student-athlete must find own transportation from campus to airport or home
- Student-athlete is still responsible for remaining tuition and fees balance

**\*If student-athlete pays balance owed by 12<sup>th</sup> school day, they can re-enter Scotland Campus Sports programs.**

**\*Student-athlete is only able to re-enter Scotland Campus Sports program and school one**

#### Penalties

- Any account balance that is more than 15 days overdue will be charged a late fee of 3% per month (or any part thereof) on the overdue balance.
- A \$30.00 fee will be charged for returned checks. In the
- If your account is overdue on:
  - August 15<sup>th</sup>**—the student will not be allowed to begin classes in the new academic year.
  - January 2<sup>nd</sup>**---the student will not be allowed to begin second semester classes.
  - May 15<sup>th</sup>**---the student will be withdrawn from SCS effective the last day of final exams. Seniors will not be allowed to graduate or participate in the graduation ceremony until the account is paid in full.

**On behalf of Scotland Campus Sports,**

**Dr David B Newell  
President/CEO**