

Grace Christian Academy

Financial Aid Form

Student names: _____ Parent Name: _____

Phone Number: _____

Employment Information

Father's Employment Status: ___ N/A ___ Full-time ___ Part-time ___ Student

___ Looking for Work ___ Homemaker/Retired/disabled

Mother's Employment Status: ___ N/A ___ Full-time ___ Part-time ___ Student

___ Looking for Work ___ Homemaker/Retired/disabled

Other Family members providing support (help with tuition): _____

DAD'S EMPLOYER INFORMATION:

MOM'S EMPLOYER INFORMATION:

Name of employer/school:

Name of employer/school:

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Typical Work schedule/school schedule:

Typical Work schedule/school schedule:

Monday _____

Monday _____

Tuesday _____

Tuesday _____

Wednesday _____

Wednesday _____

Thursday _____

Thursday _____

Friday _____

Friday _____

Saturday _____

Saturday _____

Sunday _____

Sunday _____

Monthly Household Expenses

Rent/Mortgage	\$ _____
Car payments	\$ _____
Transportation (Gas/insurance/bus passes)	\$ _____
Child support/alimony payments	\$ _____
Utilities (Gas, light, water, trash)	\$ _____
Phone/internet/cable	\$ _____
Health/home insurance	\$ _____
Tithe/offerings	\$ _____
College, high school tuition payments	\$ _____
Medical expenses	\$ _____
Food	\$ _____
Clothing	\$ _____
Other: _____	\$ _____

Household Income

Father's Income/month	\$ _____
Mother's Income/month	\$ _____
Link Card	\$ _____
Social Security benefits	\$ _____
Child support received	\$ _____
Help from family/friend for tuition	\$ _____
Other Income	\$ _____
TOTAL	\$ _____

How many children do you plan to enroll at Grace 2017-2018: _____

Names and ages of other children in the household: _____

How many people total in your household: _____

Please describe any extenuating circumstances to help us understand your current financial situation:

***Please include 2 current paystubs or your completed 2016 taxes.**

Grace Christian Academy requests an additional 12 volunteer hours per year from every family receiving financial assistance through the school. I understand that if I do not complete these hours, I could lose my financial aid or even be asked to re-pay part or all of the assistance I have received.

I affirm that all of the information in this application is true to the best of my knowledge and agree to work the required hours if offered financial assistance.

SIGNATURE: _____

Date: _____