Student Name/s	
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Financial Aid and Grant Program Application

Request for school year 2024-2025

The Financial Assistance Program is created by the School Board to provide temporary financial assistance to those families who have a desire for their children to receive a Christian education but cannot afford the full cost of such training.

Please note that if financial assistance is granted, there is a requirement of 10 hours of volunteer service during the school year. Please be sure to complete the information on the last page regarding the volunteer service.

Please complete the application by answering all questions completely. Incomplete applications may not be processed. Incomplete information on the application will delay action by the School Board.

This form must be completed for all requested data and an <u>official copy</u> of your latest <u>U.S. Income Tax Return</u> and <u>W-2 forms</u> must be provided. All forms are confidential and will be seen only by the School Board.

If the child is new to the school and registering for Grades 1-8, he/she must meet our academic criteria to be eligible for acceptance.

St. Petersburg Christian School

Kindergarten through Grade 8 2021 62nd Avenue North St. Petersburg, FL 33702 (727) 522-3000

FOR OFFICE USE ONLY			
Adjusted Gross Income 2023	Name	Name	
Total Annual Income 2023	Approved (Y/N) _	Approved (Y/N)	
# Living at home	Amount \$	Amount \$	
Teacher Rec: Yes: No:			
•		Current Tuition (minus discounts)	
Previous Year Award Amount (if application)	able)		

	New student Returning student
STUDENT APPLICANT'S NAME	Grade
	Grade
	Grade
Type of application: New Renew	al Number of years you have received aid
Student resides with: Father Mothe	er Others (specify)
Total number of children living at home	
Total number of children responsible to parents	
Schools attended by other children in home:	
<u>Father</u>	<u>Mother</u>
Name	
Street Address	
City, State, Zip	
Phone	
Employed by	
Name of church attending	
Number of years attending	
Are you a member? Yes No	Yes No
Minister to contact	
Address	
City, State, Zip	
Phone	_
The parents' current marital status is:	
•	single separated widowed
Do you receive alimony? Yes	No
Do you receive child support? Yes	No

INCOME INFORMATION

		<u>Fatner</u>	<u>Motner</u>	Otner*
1.	Taxable monthly income:a. Wages, salaries, tipsb. Interest incomec. Dividendsd. Other (alimony, etc.)	\$	\$	\$
2.	Nontaxable income: a. Social Security b. Child Support c. Other			
TOTAL	MONTHLY INCOME	\$	\$	\$
(*Other	family members with incomes,	who contribute t	o the family income.)
	<u>M</u> 0	ONTHLY EXPEN	<u>SES</u>	
		<u>Family</u>	<u>Father*</u>	Mother*
	Home mortgage or rent Utilities Food Clothing Medical Credit cards Installment loans Church contributions Other contributions Other expenses (explain)	\$	\$	\$
2.	Make Year Owned Leased _ Monthly payments Monthly operating costs/Insurar Make Year Owned Leased _ Monthly payments Monthly operating costs/Insurar	nce		
	MONTHLY EXPENSES plete only if separated)	\$	\$	\$
1.	Calculate the tuition cost for the (Refer to Schedule of Tu	•	\$	
2	What is the amount of financial	aid you are reque	esting? \$	

ASSET INFORMATION

	What is it worth now?	What is owed on it?	
Cash, savings and checking accounts	\$	\$	
Home: Year purchased			
Purchase price \$	\$	\$	
Other real estate and investments	\$	\$	
Business	\$	\$	
Credit Card or other debt	\$	\$	
<u>VOL</u> (If financial aid is granted, there is a	UNTEER INFORMAT		school year.)
Will parents work? Mothe	r Father		
Will student work? Who?			
List occupational skills			
List times available to work			
List type of work preferred			
If you cannot work, why not?			
Explanations and special circumstance	ees		
CERTIFICATION: I (we) declare that t	he information is true, c	orrect, and complete.	
Father's signature	Mother's si		Date