

# Financial Aid and Grant Program Application

School Year: 2026–2027

Student Name(s): \_\_\_\_\_

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## Program Overview

The Financial Assistance Program is established by the School Board to provide temporary financial assistance to families who desire a Christian education for their children but are unable to meet the full cost of tuition.

- If financial assistance is awarded, 10 hours of volunteer service per family is required during the school year. Please complete the *Volunteer Information* section at the end of this application.
- If financial assistance is awarded, the student's FACTS account must be kept current. Failure to do so may result in revocation of aid and all amounts becoming due.
- Please answer all questions completely. Incomplete or missing information may delay processing or result in denial.
- An official copy of your most recent U.S. Income Tax Return and W-2 forms must be submitted with this application.
- All information is confidential and will be reviewed only by the School Board.
- New students entering Grades 1–8 must meet the school's academic requirements to be eligible for enrollment and financial assistance.

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## Student Information

Student Applicant(s):

1. \_\_\_\_\_ Grade \_\_\_\_\_
2. \_\_\_\_\_ Grade \_\_\_\_\_
3. \_\_\_\_\_ Grade \_\_\_\_\_

**Type of Application:**

New Application     Renewal

If renewal, number of years previously receiving aid: \_\_\_\_\_

**Student resides with:**

Father     Mother     Other (please specify): \_\_\_\_\_

Total number of children living in the home: \_\_\_\_\_

Total number of children financially supported by parents: \_\_\_\_\_

Schools attended by other children in the household:

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## Parent / Guardian Information

### Father / Guardian 1

Full Name \_\_\_\_\_

### Mother / Guardian 2

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Employer \_\_\_\_\_

Church  
Attending \_\_\_\_\_

Years  
Attending \_\_\_\_\_

Church Member  Yes  No  Yes  No

Minister/Pastor to Contact \_\_\_\_\_

Church Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Church Phone \_\_\_\_\_

## Family Status

Current marital status:

Married  Divorced  Single  Separated  Widowed

Do you receive alimony?  Yes  No

Do you receive child support?  Yes  No

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## Income Information

*(Monthly amounts)*

### Taxable Income

Source	Father	Mother	Other*
Wages / Salary / Tips	\$ _____	\$ _____	\$ _____
Interest Income	\$ _____	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	\$ _____
Other (alimony, etc.)	\$ _____	\$ _____	\$ _____

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### Nontaxable Income

Source	Father	Mother	Other*
Social Security	\$ _____	\$ _____	\$ _____
Child	\$ _____	\$ _____	\$ _____

## Support

Other      \$\_\_\_\_\_      \$\_\_\_\_\_      \$\_\_\_\_\_

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### **Total Monthly Income:**

Father \$\_\_\_\_\_      Mother \$\_\_\_\_\_      Other  
\$\_\_\_\_\_

\*Other household members contributing to family income.

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### **Monthly Expenses**

\*Complete Father/Mother columns only if separated.

<b>Expense Category</b>	<b>Family</b>	<b>Father*</b>	<b>Mother*</b>
Rent or Mortgage	\$_____	\$_____	\$_____
Utilities	\$_____	\$_____	\$_____
Food	\$_____	\$_____	\$_____
Clothing	\$_____	\$_____	\$_____
Medical	\$_____	\$_____	\$_____
Credit Card Payments	\$_____	\$_____	\$_____
Installment Loans	\$_____	\$_____	\$_____

Church \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

Contribution

Other \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

Contribution

Other \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

Expenses  
(explain)

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### **Total Monthly Expenses:**

Family \$\_\_\_\_\_ Father \$\_\_\_\_\_ Mother  
\$\_\_\_\_\_

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## **Vehicles**

### **Vehicle 1**

Make \_\_\_\_\_ Year \_\_\_\_\_

Owned  Leased

Monthly Payment: \$\_\_\_\_\_

Monthly Insurance/Operating Costs: \$\_\_\_\_\_

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### **Vehicle 2**

Make \_\_\_\_\_ Year \_\_\_\_\_

Owned  Leased

Monthly Payment: \$\_\_\_\_\_

Monthly Insurance/Operating Costs: \$\_\_\_\_\_

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## **Tuition & Aid Request**

Total annual tuition (refer to Tuition & Fee Schedule):

\$\_\_\_\_\_

Amount of financial aid requested:

\$\_\_\_\_\_

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## Asset Information

Asset Type	Current Value	Amount Owed
Cash / Savings / Checking	\$ _____	\$ _____
Home -Year Purchased	\$ _____ _____	\$ _____
Other Real Estate / Investments	\$ _____	\$ _____
Business Assets	\$ _____	\$ _____
Credit Card / Other Debt	\$ _____	\$ _____

## Volunteer Information

*(10 hours of service required if aid is granted)*

Will parents volunteer?  Mother  Father

Will student volunteer?  Yes  No

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

Occupational skills:

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Times available to volunteer:

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Preferred type of work:

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If unable to volunteer, please explain:

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Additional explanations or special circumstances:

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## Certification

I (we) certify that the information provided is true, accurate, and complete to the best of my (our) knowledge.

Father / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*An official copy of your most recent U.S. Income Tax Return and W-2 forms must be submitted with this application.