

Financial Aid and Grant Program Application

School Year: 2026–2027

Student Name(s): _____

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:

Parent / Guardian Information

Father / Guardian 1

Mother / Guardian 2

Full Name

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

Income Information

(Monthly amounts)

Taxable Income

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

Nontaxable Income

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

Support

Other \$ _____ \$ _____ \$ _____

Total Monthly Income:

Father \$ _____ Mother \$ _____ Other
\$ _____

*Other household members contributing to family income.

Monthly Expenses *Complete Father/Mother columns only if separated.

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

Church \$_____ \$_____ \$_____
Contribution

Other \$_____ \$_____ \$_____
Contribution

Other \$_____ \$_____ \$_____
Expenses
(explain)

Total Monthly Expenses:

Family \$_____ Father \$_____ Mother
\$_____

Vehicles

Vehicle 1

Make _____ Year _____

☐ Owned ☐ Leased

Monthly Payment: \$_____

Monthly Insurance/Operating Costs: \$_____

Vehicle 2

Make _____ Year _____

☐ Owned ☐ Leased

Monthly Payment: \$_____

Monthly Insurance/Operating Costs: \$_____

Tuition & Aid Request

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

\$_____

Amount of financial aid requested:

\$_____

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:

Times available to volunteer:

Preferred type of work:

If unable to volunteer, please explain:

Additional explanations or special circumstances:

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.