

Student Name/s \_\_\_\_\_

## Financial Aid and Grant Program Application

### *Request for school year 2022-2023*

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 official copy of your latest U.S. Income Tax Return and W-2 forms 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 2021 \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Total Annual Income 2021 \_\_\_\_\_ Approved (Y/N) \_\_\_\_\_ Approved (Y/N) \_\_\_\_\_

# Living at home \_\_\_\_\_ Amount \$ \_\_\_\_\_ Amount \$ \_\_\_\_\_

Teacher Rec: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Other Discounts or Scholarship Amounts \_\_\_\_\_ Current Tuition (minus discounts) \_\_\_\_\_

Previous Year Award Amount (if applicable) \_\_\_\_\_

New student \_\_\_\_ Returning student \_\_\_\_

STUDENT APPLICANT'S NAME \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

Type of application: \_\_\_\_ New \_\_\_\_ Renewal \_\_\_\_\_ Number of years you  
have received aid

Student resides with: \_\_\_\_ Father \_\_\_\_ Mother Others (specify) \_\_\_\_\_

Total number of children living at home \_\_\_\_

Total number of children responsible to parents \_\_\_\_

Schools attended by other children in home: \_\_\_\_\_  
\_\_\_\_\_

Father

Mother

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:

\_\_\_\_ married \_\_\_\_ divorced \_\_\_\_ single \_\_\_\_ separated \_\_\_\_ widowed

Do you receive alimony? \_\_\_\_ Yes \_\_\_\_ No

Do you receive child support? \_\_\_\_ Yes \_\_\_\_ No

INCOME INFORMATION

	<u>Father</u>	<u>Mother</u>	<u>Other*</u>
1. Taxable monthly income:			
a. Wages, salaries, tips	\$ _____	\$ _____	\$ _____
b. Interest income	_____	_____	_____
c. Dividends	_____	_____	_____
d. Other (alimony, etc.)	_____	_____	_____
2. Nontaxable income:			
a. Social Security	_____	_____	_____
b. Child Support	_____	_____	_____
c. Other	_____	_____	_____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

(\*Other family members with incomes, who contribute to the family income.)

MONTHLY EXPENSES

	<u>Family</u>	<u>Father*</u>	<u>Mother*</u>
Home mortgage or rent	\$ _____	\$ _____	\$ _____
Utilities	_____	_____	_____
Food	_____	_____	_____
Clothing	_____	_____	_____
Medical	_____	_____	_____
Credit cards	_____	_____	_____
Installment loans	_____	_____	_____
Church contributions	_____	_____	_____
Other contributions	_____	_____	_____
Other expenses (explain)	_____	_____	_____
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

Autos:

- |                                   |              |       |       |
|-----------------------------------|--------------|-------|-------|
| 1. Make _____                     | Year _____   |       |       |
| Owned _____                       | Leased _____ |       |       |
| Monthly payments                  | _____        | _____ | _____ |
| Monthly operating costs/Insurance | _____        | _____ | _____ |
| 2. Make _____                     | Year _____   |       |       |
| Owned _____                       | Leased _____ |       |       |
| Monthly payments                  | _____        | _____ | _____ |
| Monthly operating costs/Insurance | _____        | _____ | _____ |

(\* Complete only if separated)

- Calculate the tuition cost for the year.  
(Refer to Schedule of Tuition and Fees) \$ \_\_\_\_\_
- What is the amount of financial aid you are requesting, up to \$800.00 \$ \_\_\_\_\_

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	\$ _____	\$ _____

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VOLUNTEER INFORMATION

(If financial aid is granted, there is a requirement of 10 hours of service during the school year.)

Will parents work?    \_\_\_\_\_ Mother                  \_\_\_\_\_ 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 circumstances \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CERTIFICATION: I (we) declare that the information is true, correct, and complete.

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Date