

BURGE TERRACE CHRISTIAN SCHOOL

K3-Grade 6  Est. 2002

2022-23 Application for Financial Assistance

Date _____

Primary applicant name (parent or guardian): _____

Home address: _____
(Street) (City) (State) (Zip)

Daytime phone: (____) _____ Evening phone: (____) _____ Cell phone: (____) _____

E-mail address: _____

Marital status: _____ Relationship to student(s): _____

Occupation: _____ Employer: _____ How long? _____

Employer address: _____ Employer phone: (____) _____

If necessary, may we contact your employer for verification of your employment? _____

Please check here if there is no co-applicant.

Co-applicant name: _____

Home address: _____
(Street) (City) (State) (Zip)

Daytime phone: (____) _____ Evening phone: (____) _____ Cell phone: (____) _____

E-mail address: _____

Marital status: _____ Relationship to student(s): _____

Occupation: _____ Employer: _____ How long? _____

Employer address: _____ Employer phone: (____) _____

If necessary, may we contact your employer for verification of your employment? _____

Indicate the student(s) for whom you are applying:

Name (first, middle & last)	Gender	Birthdate (month/day/year)	Age	Anticipated Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of the following apply to any of the above students who you are wishing to enroll? (check all that apply)

- Free and Reduced Lunch Program Name(s) of student: _____
- Medicaid Program Name(s) of student: _____
- Foster Child Name(s) of student: _____

Current number of adults living in the applicant's household? _____ Name(s) if not listed on page 1: _____
*If a name is given that is not listed on page 1, then you will need to fill out a **Household Summary Form**.

Current number of children in the applicant's household? _____ Name(s) if not listed on page 1: _____

Does the applicant file a federal income tax return?

- Yes, I file taxes.
- No, I do not file taxes.

Does the co-applicant file a federal income tax return?

- Yes, files jointly with the applicant.
- Yes, files separately from the applicant.
- No, does not file.

Do you or the co-applicant own any of the following? (please check all that apply)

- Business
- Farm
- Rental property
- S-Corporation
- Partnership
- Estates and/or Trusts

Do you anticipate a decrease in your annual income for this coming year?

- Yes (If yes, please provide a separate written explanation.)
- No

Do you own or rent your primary residence? (circle one) **Own** **Rent** Monthly payment amount? \$ _____

Do you have any home equity loan or line balances against your property? _____ Monthly payment amount? \$ _____

Do you own a second home (not including rental property)? _____ Monthly payment amount? \$ _____

Please list the average monthly household expense per line item below:

Vehicle expense (lease and or loan payments, not including insurance): \$ _____

Credit card debts (list total of all minimum amounts due per month): \$ _____

Utility payments (total household including cell phone, etc.): \$ _____

Student loan payments for family members no longer attending college: \$ _____

Tuition payments for other members within the household (*NOT* including students on this application): \$ _____

Any other creditors not listed above that are a monthly expense: \$ _____

Name of creditor(s): _____

Child support payments: \$ _____

Health insurance premiums (those *NOT* paid through payroll deduction): \$ _____

Other child care expenses (*NOT* including students on this application): \$ _____

Elder care expenses: \$ _____

Charitable giving: \$ _____

Other monthly expense(s): \$ _____

To whom or for what creditor? _____

PLEASE SUBMIT A COPY OF THE FIRST 2 PAGES OF YOUR 2021 FEDERAL TAX RETURN, SHOWING YOUR ADJUSTED GROSS INCOME.
If you do not have a tax return, you will need to fill out the *Household Summary Form* and submit documentation verifying your current income (paystubs, W-2, etc.). Please submit tax forms/income documentation for each person in your household.

Do any of the following statements apply to the student(s) for whom you are requesting financial help?

- Student received a CHOICE voucher in any preceding school year Year? _____
- Student received an SGO Scholarship in any preceding school year Year? _____
- Student is in Foster Care
- Student has a current Individual Education Plan (IEP) or Individual Specialized Plan (ISP) on file
Name of student(s): _____
- ~~Student would be required to attend an "F" rated public school this year~~ *NOT a valid track for the 2022-23 school year.
Name of school: _____
- Student was enrolled in an Indiana public school for at least two semesters immediately preceding the first semester for which the student is enrolling in our school
Name of school: _____
- Student for whom you are applying has a sibling who received either a CHOICE voucher or SGO (Scholarship Granting Organization) Scholarship in any preceding school year
Name of sibling: _____
 - Choice Scholarship
 - SGO Scholarship

Please indicate the total monthly tuition amount that you believe you can afford to pay at this time: \$ _____

If you are applying for a Choice Scholarship (voucher), then you will also need to fill out the *Household Summary Form if any of the following are true:**

- The 2021 Federal Tax Return is not provided
- The household size on the 2021 Federal Tax Return is incorrect (you've had a baby in 2022, other children/adults live with you now, etc.)
- The household income, or Adjusted Gross Income (AGI), on the 2021 Federal Tax Return is incorrect (you are married now, you and your spouse filed separately, you have lost your job in 2022, etc.)
- Individuals are living in the household in addition to those listed on the 2021 Federal Tax Return
- There is income coming into the household in addition to the AGI listed on the 2021 Federal Tax Return (unemployment, alimony/child support, disability, social security, income of teenage children, welfare benefits, inheritance, life insurance benefits, etc.)

*Contact the Financial Aid Office if you need this form: choice@burgeterrace.org

The information provided on this application or any additional sources requested will be used to qualify the student(s) for financial aid from the Choice Scholarship Program administered by the Indiana Department of Education (voucher), from a Scholarship Granting Organization (SGO), or with a BTCS Explorer Scholarship. My signature below certifies that I have been open and honest in the communication of my total household financial status. I understand that Burge Terrace Christian School may request copies of tax returns, W2s, or other necessary documentation to verify income sources or employment, and that additional information may be required to clarify my answers to any questions on this application.

Based on the financial aid deemed appropriate for my family, I will be required to complete additional forms as required by the various scholarship-governing organizations. I further understand that any information I provide will be kept confidential according to the requirements of Indiana state law. I/we give permission for Burge Terrace Christian School to make an electronic application on my behalf to the Choice Scholarship program and/or an SGO (Scholarship Granting Organization). This includes the transmittal of my personal financial information as required by law.

Applicant signature _____

Co-applicant signature _____



This document is solely an application and does not constitute approval for any of the above sources of financial aid. Enrollment at Burge Terrace Christian School is approved separately and is based on the school's admission policies. Burge Terrace Christian School admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. If you have any questions, please call (317.862.5238 ext. 17) or email the Financial Aid Office at choice@burgeterrace.org.