

Grace Christian Academy

Financial Aid Form

Print All Information

*****ALL information on this form must be completed for consideration*****

*Last Name: _____ First Name: _____ M ___ F ___ Age _____ SS# _____

*Marital Status: Married ___ Widow(er) ___ Divorce ___ Live-in ___

*Spouse's Last name: _____ Spouse's First name: _____ Phone: _____

*Physical address: _____

*City: _____ State: _____ Zip: _____

*Mail address: _____ City: _____ State: _____ Zip: _____

*Your Employer: _____ Job: _____ **Monthly Income: _____

*Spouse Employer: _____ Job: _____ **Monthly Income: _____

List Minor Children Living With You:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Other Income:

Rental Income: \$ _____ Unemployment: \$ _____ Disability: \$ _____

Welfare: \$ _____ Food Stamps: \$ _____ Soc. Sec.: \$ _____

SSI: \$ _____ Self-employment: \$ _____

Child Support: Yes _____ No _____ \$ _____

Does anyone receive Medicaid? Yes _____ No _____ (If yes, who?) _____

*Are there **Other Adults** living in the Household? Yes _____ No _____

Name: _____ SS # _____ Relationship _____ Age _____ Income: \$ _____

Name: _____ SS # _____ Relationship _____ Age _____ Income: \$ _____

*Do you rent _____ or own _____?

Yearly Realty Taxes: \$ _____

Do you own other real estate? Yes _____ No _____

Is alcohol used in your home? Yes _____ No _____ Monthly cost? _____

Is tobacco used in your home? Yes _____ No _____ Monthly cost? _____

Church: _____ Do you attend regularly? Yes _____ No _____

Pastor's Name: _____ Phone #: _____

**(Official verification may be requested.

Itemized Monthly Expenses

Rent/Mortgage: \$ _____

Property Tax: \$ _____

Utilities (itemize each)

Electric \$ _____

Gas \$ _____

Water \$ _____

Telephone \$ _____

Vehicle payments (Year & Make)

#1 _____ \$ _____

#2 _____ \$ _____

Vehicle Insurance (Year & Make)

#1 _____ \$ _____

#2 _____ \$ _____

Property Insurance \$ _____

Health Insurance \$ _____

Life Insurance \$ _____

Cable/Satellite \$ _____

Food \$ _____

Clothing \$ _____

Entertainment \$ _____

Alcohol/Tobacco \$ _____

Other/list \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total: \$ _____

Explain any additional considerations for your application:

What amount do you feel you can pay monthly for your child's education? \$ _____

Applicant Signature: _____