



7786 Rt 819  
 Hunker, PA 15639  
 Phone: 724-925-3830  
 Fax: 724-925-2523  
 armbrustchristian.com

# FINANCIAL AID APPLICATION

2019
2020

FOR FAMILIES WITH STUDENTS IN GRADES K-12

➤ **Parent / Guardian Information:**

1	First Name:	Middle:	Last Name:
2	First Name:	Middle:	Last Name:
Street Address:			Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
City, State, Zip:			Secondary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home

➤ **List ALL Children applying for the ACSI CTF financial aid. Only children entering grades K-12 are eligible.**

	Child 1	Child 2	Child 3	Child 4
FULL NAME				
DATE OF BIRTH	/ /	/ /	/ /	/ /
GENDER	<input type="checkbox"/> Male / <input type="checkbox"/> Female	<input type="checkbox"/> Male / <input type="checkbox"/> Female	<input type="checkbox"/> Male / <input type="checkbox"/> Female	<input type="checkbox"/> Male / <input type="checkbox"/> Female
RELATION TO GUARDIAN				
SCHOOL ATTENDED LAST YEAR				
GRADE LEVEL LAST YEAR				

➤ **Conditions of Eligibility:**

TOTAL HOUSEHOLD SIZE	TOTAL 2018 HOUSEHOLD INCOME
	\$

Use the FINANCIAL INFORMATION FORM to determine these answers:

Initial on the line, in agreement to EACH of the following statements. Agreement to these terms is a requirement of scholarship eligibility.

I promise to pay my child's school account in a timely and responsible manner. I understand that failure to stay current with tuition payments will result in loss of the ACSI CTF Scholarship funds.

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I certify that our family qualifies for the ACSI CTF scholarship program according to the income guidelines.

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I certify that the above listed student(s) is entering grades K-12 in the fall of the current school year.

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I promise to ensure at least 90% attendance of my child(ren) or risk the loss of the scholarship.

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# FINANCIAL INFORMATION FORM

(Must be completed and turned in with the Financial Aid Family Application)

<b>2019</b>
<b>2020</b>

➤ **Financial Information:** All parents and / or guardians who claim scholarship recipients as dependents must report income on this form with supporting documentation. **Attach a copy of your 2018 Federal Income Tax Return.**

HEAD OF HOUSEHOLD — FULL NAME:

INCOME SOURCE	FATHER	MOTHER	OTHER	<b>Total Household Income</b> <i>(Sum of row / Use on the FINANCIAL AID FAMILY APPLICATION FORM)</i>
Adjusted Gross Income reported on current 1040 Tax Form***				
AFDC or ADC				
Other Public Assistance				
Any other additional income				
<b>TOTAL Individual Income</b> (Sum of each column)				

**\*\*\* To verify income, copies of your current year Form 1040, tax return and other supporting proof of income must be attached to this application.**

**Married couples filing separately must attach both forms.**

If you would like a free copy of your 1040, please contact the Internal Revenue Service at 1-800-829-1040

➤ **Household Information:**

NUMBER OF PEOPLE IN HOUSEHOLD:		<i>Use the total of cells A + B on the FINANCIAL AID FAMILY APPLICATION FORM</i>
<b>A</b> Total # of Adults:	<b>B</b> Total # of Children:	

LIST ALL CHILDREN IN YOUR HOUSEHOLD APPLYING FOR THE ACSI CTF SCHOLARSHIP:

- I understand that all of the enclosed conditions must be met by my child / family to be eligible for a scholarship funds. I agree to release ACSI CTF from any liability in its efforts to provide this scholarship.
- I certify that all of the information provided within this application is true and complete to the best of my knowledge. I agree to provide proof that the statements made in this application are true and I acknowledge that failure to do so will invalidate the scholarship.

SIGNATURE OF PARENT / GUARDIAN		DATE:
PRINT NAME OF PARENT / GUARDIAN		DATE:

➤ **Complete this section only if you do not file a Form 1040**

(Parents / guardians using a notary must also provide supporting financial information to the notary service.)

*I certify that this application has proved me or this notary service with adequate proof of income and that to my knowledge the financial information provided on this form is true and complete.*

Notary Signature	Date
Printed Name	

NOTARY STAMP