

DAY SCHOOL/AFTER CARE SCHOLARSHIP FINANCIAL AID FORM

Scholarship funds are limited and determined by need. In order to determine the level of need of those applying for scholarship, a family must show their typical monthly income and expenses. The following information is designed to determine need and the amount of a scholarship award if appropriate. All information shared will be kept completely confidential and will not be shared with staff, parents or others.

The Board of Directors meets the fourth Monday of each month. In order for a scholarship request to be presented, it must be received by the prior Monday in order to have time to review and further clarification if necessary.

When this form is completed, place it in an envelope and put "Pastor Connie Miller" on the front and put in mail slot outside director's office.

Name of person filling our form _____

Address _____ Phone _____

E-mail address _____

Name and age of child(ren) to be registered at school

Anticipated Admission Date _____

INCOME

Current **Monthly** Income

_____ Salary or wages (after taxes)

_____ Overtime _____ Bonuses

_____ Public assistance (for example: TANF, SSI, GA/GR)

_____ Alimony

_____ Child Support

_____ Investments (savings/retirement)...how much currently in your account

_____ Workers' compensation/Unemployment

_____ Disability/SSI

_____ Other (please indicate sources)

TOTAL MONTHLY INCOME _____

(Attach a copy of the most recent month's worth of pay stubs)

*Must attach copies of most recent Federal Income Tax Returns for all adult wage earners

CURRENT MONTHLY EXPENSES

(If not providing monthly amounts, please indicate if weekly/biweekly/quarterly/yearly)

_____ Rent (need proof) _____ Mortgage (need proof)

_____ Taxes _____ Home/Renters Insurance

_____ Car Payment #1 (pay off date _____)

_____ Car Payment #2 (pay off date _____)

_____ Car Insurance

_____ Travel Expenses (gas, repairs, bus)

_____ Groceries/month

Utilities:

_____ gas/propane _____ Water

_____ electric _____ Trash

_____ Telephone, cell phone, e-mail (if more than one provider, list separately)

_____ Health care not paid by insurance circle Individual/family plan

_____ Out of Pocket health care expenses (deductibles, etc)

_____ Laundry and cleaning supplies/month

_____ Education, is this repayment of a loan? Yes/no

If yes, when is payoff date?

_____ Entertainment, gifts, and vacation

_____ Charitable contributions

Credit Card Debt (provide the monthly payment made and the total due)

_____ Credit Card #1 _____ total due

_____ Credit Card #2 _____ total due

_____ Credit Card #3 _____ total due

_____ Savings and Investment (how much contributed monthly)

_____ Child Care (other than Holy Trinity): Explain the need:

_____ Child Support for other children

_____ Other regular expenses (Please list source of the expense)

TOTAL ESTIMATED MONTHLY EXPENSES _____

Have you applied for Day Care vouchers through your local county?

_____ Yes _____ NO

If no, please do so. This is a requirement for financial aid unless there are extenuating circumstances which may describe on the back of this paper.

Will there be any significant financial changes you are expecting in the next six months? Please explain....

I declare that the information contained on this form and any attachments are true and correct. This form must be signed by all parties responsible for a child's tuition.

Print or type name

Signature/ Parent 1

Date

Print or type name

Signature/ Parent 2

Date