

Dear Family:

Believing in the quality of Christian educational opportunities available at Christ Church School and understanding that family financial circumstances may vary, the School Board has created a Financial Assistance Program.

Enclosed you will find the necessary forms to complete to apply for Financial Assistance. Before you begin, please read the following instructions.

- **Step One:** Complete **all** sections of each document, which includes the application, family asset information and the income/expense statement.

- **Step Two:**
 1. Attach copies of your 2017 & 2018 Federal Income Tax Returns and W-2 forms. If you have your own corporation, 2017 & 2018 Corporate Income Tax forms are also necessary.
 2. Attach copies of your last two pay stubs
 3. Attach proof of auto and mortgage or rent payments
 4. Letter of Need
 5. It is also important to note that in case of a divorce or separation, both natural parents have to complete the process and submit all the required forms.

- **Step Three:** Your application must be notarized. We have three notaries in our school office. Both parents must sign the application in front of a notary. **Financial assistance paperwork will not be accepted until all required documents are fully completed and submitted together.**

Please be thorough with all financial information you are providing. The committee will keep this information confidential. All recipients of financial assistance are expected to reciprocate confidentiality requirements or their reward may be compromised.

Please note that assistance is granted for one school semester renewable for the second semester within the same school year providing the financial situation has not changed, the student's academic and behavioral record is in good standing and all financial obligations to the school are being met. A letter demonstrating continued need is required for second semester renewal. You will receive the form by email or in the mail.

We ask that you volunteer service hours to support school programs and activities. If a financial situation should improve while on assistance, immediate notification to the school is required. If in the future your financial situation changes and you have the ability, you may reimburse the school so that assistance might be extended to other families in need.

Financial assistance may be terminated by the School Board, at its sole discretion, including but not limited to, false information has been submitted on applications, balances due are not paid, the student is not maintaining academic and behavioral standards of CCS or there is a school financial emergency or depletion of funds.

Please return this packet to the Business Office no later than April 19, 2019.

Packets from current families will not be accepted after that date.

CHRIST CHURCH SCHOOL – FINANCIAL ASSISTANCE APPLICATION 2019-2020

FAMILY INFORMATION

<u>LIST CHILDREN/DEPENDENT(S):</u>	<u>AGE/GRADE</u>	<u>SCHOOL ATTENDING</u>	<u>RECV ASST (Y/N)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>LIST STUDENT(S) APPLYING FOR CCS ASSISTANCE:</u>	<u>GRADE</u>	<u>NATURAL PARENTS ARE:</u>
_____	_____	_____ Married
_____	_____	_____ Separated
_____	_____	_____ Divorced
_____	_____	_____ Widowed
_____	_____	_____ Remarried
_____	_____	_____ Single

FATHER:

_____	_____	_____	_____	_____
Dr./Mr.	First Name	Last Name	e-mail	
_____	_____	_____	_____	_____
Street Address	City		State	Zip
_____	_____	_____	_____	_____
Home Phone	Cell Phone	Work Phone		
_____	_____	_____		
Employer	Occupation			

MOTHER:

_____	_____	_____	_____	_____
Dr./Mrs./Ms.	First Name	Last Name	e-mail	
_____	_____	_____	_____	_____
Street Address	City		State	Zip
_____	_____	_____	_____	_____
Home Phone	Cell Phone	Work Phone		
_____	_____	_____		
Employer	Occupation			

STEP PARENT(S) If Applicable – Please list on Page 2

CHURCH MEMBERSHIP: _____
(If Applicable)

PASTOR OR OTHER CHURCH MINISTRY LEADER KNOWING YOU PERSONALLY: (If Applicable)

_____	_____	_____
Name	Church	Phone

OTHER PERSONAL REFERENCES:

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone

STEP PARENT(S) If Applicable

Dr./Mrs./Ms.	First Name	Last Name	e-mail	
Street Address		City	State	Zip
Home Phone	Cell Phone		Work Phone	
Employer			Occupation	

STEP PARENT(S) If Applicable

Dr./Mrs./Ms.	First Name	Last Name	e-mail	
Street Address		City	State	Zip
Home Phone	Cell Phone		Work Phone	
Employer			Occupation	

After Careful Thought And Prayer, How Much Do You Believe You Can Spend Monthly For A Christ Church School Education?

(Required)

Letter of Need – REQUIRED

We would like to give you this opportunity to present any additional relevant information that you would like the committee to consider. (You may attach a separate sheet if needed.)

CERTIFICATION:

I (WE) declare that the information reported herein is true, correct and complete:

Father's Signature _____

Date _____

Sworn to and subscribed before me this date _____ of _____, 2019

Signature of Notary Public

Mother's Signature _____

Date _____

Sworn to and subscribed before me this date _____ of _____, 2019

Signature of Notary Public

OFFICE USE ONLY:

Date Application Received: _____

Date Student/Students admitted to school: _____

Date of Approval: _____ Amount of Assistance: _____

Date of Disapproval: _____

Comments: _____

Family Asset Information 2019-20

Name _____

Cash	
Savings	
Checking	
Total Cash	

Real Estate	*FMV	Balance	Equity
Real Estate Home			
Real Estate Other (Detail)			
			Total Equity

Vehicles	Make/Model/Yr	Lease or Purchase Date (Circle 1)	*FMV	Balance	Equity
Vehicle 1					
Vehicle 2					
Boats, RV's, Motorcycles, Trailers, etc....					
					Total Equity

Other Assets	Total Value
Investments/Stocks	
Ownership in Business (____ %)	
Other (Please list)	
	Total Equity

* Fair Market Value

Notes:

MONTHLY FAMILY INCOME/EXPENSE STATEMENT 2019-2020

Name _____

This income/expense statement is to be returned completed. Please note: The committee looks closely at your living expenses; specifically payments for housing and automobiles. Excessive expenses in these areas may significantly impact the committee's decision.

Total Income	Gross Monthly	Expense Items	Monthly
1 Wages (Parent 1) - Gross (Box 1 on W-2)		14 Car Insurance	
2 Wages (Parent 2) - Gross (Box 1 on W-2)		15 Child Care	
3 Net Business Income		16 Church Contributions	
4 Interest/Dividends		17 Court Ordered Payments	
5 Distributions		18 Food/Clothing	
6 Net Rental Income		19 Health Insurance	
7 Pension/Social Security (Parent 1)		20 Home/Property Ins. (if not incld in mortgage)	
8 Pension/Social Security (Parent 2)		21 Life Insurance/Disability	
9 Child Support (Document Required)		22 Mortgage/Home Equity/Rent	
10 Alimony (Document Required)		23 Operating Costs (gas, maintenance)	
11 Government Assistance		24 Other Secured Debts	
12 Other		Credit Card Outstanding Total	
		25 Out of Pocket Health Care Costs	
		26 Student Loans	
		27 Taxes (Income and FICA)	
		28 Tuition other than CCS	
		29 Utilities (phone, cell, electric, water)	
		30 Vehicle Payment 1	
		31 Vehicle Payment 2	
13 Total Income (add lines 1-12)	-	32 Total Expenses (add lines 14-31)	

Total Income Less Expenses (line 13 - line 32)