



## Financial Assistance Application

### 2024/2025

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:** Documentation
  1. Attach copies of your 2022 & 2023 Federal Income Tax Returns and W-2 forms. If you have your own corporation, 2022 & 2023 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, including taxes.**

**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 will be compromised.**

Financial 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 e-mail 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 17, 2024. Packets from current families will not be accepted after the deadline or if taxes are not complete.**

Thank you,

Christ Church School Business Office



# Financial Assistance Application

## Family Information 2024/2025

**LIST CHILDREN/DEPENDENT(S):****AGE/GRADE:****SCHOOL ATTENDING:****RECV ASST (Y/N):**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LIST STUDENT(S) APPLYING FOR CCS ASSISTANCE:****GRADE:****NATURAL PARENTS ARE:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PARENT/GUARDIAN:**

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

**PARENT/GUARDIAN:**

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) will be listed on Page 2, if applicable.

**CHURCH MEMBERSHIP:** \_\_\_\_\_  
(If Applicable)

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

Name	Church	Phone
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**OTHER PERSONAL REFERENCES:**

Name	Relationship	Phone
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Name	Relationship	Phone
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**STEP PARENT 1:** (If Applicable)

Dr./Mr.	First Name	Last Name	E-mail
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Street Address	City	State	Zip
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Home Phone	Cell Phone	Work Phone
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Employer	Occupation
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**STEP PARENT 2:** (If Applicable)

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

**CERTIFICATION:**

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

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Sworn to and subscribed before me this date \_\_\_\_\_ of \_\_\_\_\_, 2024

\_\_\_\_\_  
Signature of Notary Public

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Sworn to and subscribed before me this date \_\_\_\_\_ of \_\_\_\_\_, 2024

\_\_\_\_\_  
Signature of Notary Public

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**OFFICE USE ONLY:**

Date Application Received: \_\_\_\_\_

Date Student/Students admitted to school: \_\_\_\_\_

Date of Approval: \_\_\_\_\_ Amount of Assistance: \_\_\_\_\_

Date of Disapproval: \_\_\_\_\_

Comments: \_\_\_\_\_



# Financial Assistance Application

## Family Asset Information 2024/2025

Name: \_\_\_\_\_

Cash	
Savings	
Checking	
<b>Total Cash</b>	

Real Estate	FMV*	Balance	Equity
Real Estate Home			
Real Estate Other (Detail)			
<b>Total Equity</b>			

* Fair Market Value		r Purchase Date	FMV*	Balance	Equity
Vehicle 2					
Boats, RVs, Motorcycles, Trailers, etc.					
				<b>Total Equity</b>	

Other Assets	Total Value
Investments/Stocks	
Ownership in Business (____%)	
Other (Please List)	
<b>Total Equity</b>	

Notes:

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## Financial Assistance Application

### Monthly Family Income/Expense Statement 2024/2025

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) - <b>Gross (Box 1 on W-2)</b>		14 Car Insurance	
2 Wages (Parent 2) - <b>Gross (Box 1 on W-2)</b>		15 Child Care	
3 <b>Net</b> Business Income		16 Church Contributions	
4 Interest/Dividends		17 Court Ordered Payments	
5 Distributions		18 Food/Clothing	
6 <b>Net</b> Rental Income		19 Health Insurance	
7 Pension/Social Security (Parent 1)		20 Home/Property Insurance (if not included 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		<b>Credit Card Outstanding Total</b>	
<b>13 Total Income (add lines 1-12)</b>		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	
		<b>32 Total Expenses (add lines 14-31)</b>	

**Total Income Less Expenses (line 13 - line 32)**  
 \_\_\_\_\_