



CALVARY ACADEMY
 Undeniably Academic. Unashamedly Christian.
 Financial Aid Application

2009-2010 School Year

Instructions:

Do not leave any blanks, use "0" or "N/A" (not applicable). Return this form along with a copy of your most recent tax return to:

Calvary Academy
 Attn: Financial Aid Committee
 1730 West Jefferson Street
 Springfield, IL 62702

Parent Name(s): _____ Phone #: _____
 Address: _____ City, State, Zip: _____
 Husband Employer: _____ Phone #: _____
 Wife Employer: _____ Phone #: _____
 Church: _____ Pastor's Name: _____
 Phone #: _____

Children attending Calvary Academy for whom financial aid is being sought:

Name	Grade Year	Tuition School Year	Amount of Aid Requested	Your Cost After Financial Assistance

List other dependents or persons receiving support from you:

Name	Relationship	Living w/You?	Annual Support
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you receive any type of assistance from any other source? (Such as Community Child Care, Free & Reduced Lunches, etc.) Yes No

If yes, please list:

This application cannot be processed without a copy of your most recent Federal tax return.
--

Estimated Monthly Budget

If payments are made annually, divide by 12; if quarterly, divide by 4; etc.

Income

Total Monthly Wages after Taxes (husband and wife) \$ _____

Other Monthly Income (child support, welfare, unemployment)
 Income Source Amount
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Other Income \$ _____

Total Monthly Income \$ _____

Expenses

Charitable Contributions

Tithe \$ _____
 Offering \$ _____
 Other Contributions \$ _____
Total Contributions \$ _____

Home Expense

Rent/Mortgages \$ _____
 Property Taxes \$ _____
 Insurance \$ _____
 Electricity \$ _____
 Natural Gas \$ _____
 Trash \$ _____
 Water/Sewer \$ _____
 Telephone \$ _____
 Maintenance \$ _____
 Other _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total Home Expense \$ _____

Auto Expense

Car Payment(s) \$ _____
 Gasoline \$ _____
 Repairs \$ _____
 Insurance \$ _____
 License, Parking, etc. \$ _____

Total Auto Expense \$ _____

Expenses (cont.)

Living Expense

Food \$ _____
 Restaurants/Fast Food \$ _____
 Clothing \$ _____
 Cable \$ _____
 Haircuts \$ _____
 Retreats/Camps \$ _____
 Babysitting \$ _____
 Music Lessons \$ _____
 Family Recreation \$ _____
 Life Insurance \$ _____
 Current Monthly Tuition \$ _____
 Other _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total Living Expense \$ _____

Medical Expense

(not paid by employer or insurance company)

Insurance Payment \$ _____
 Doctor/Dentist Visits \$ _____
 Prescriptions \$ _____
 Other _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total Medical Expense \$ _____

Debt Expense

<u>Credit card, loan, etc.</u>	<u>Remaining</u>	<u>Monthly</u>
	<u>Balance</u>	<u>Payment</u>
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$

Total Debt Expense \$ _____

Total Monthly Expenses \$ _____

Summary of Income and Expenses

Total Monthly Income	\$ _____
Total Monthly Expenses	\$ _____
Difference (+ or -)	\$ _____

Assets

Investments Savings accounts, money market, mutual funds, stocks, bonds, etc.

<u>Description</u>	<u>Current Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Home

Year Purchased: \$ _____ Purchase Price: \$ _____
 Current Market Value: \$ _____ Monthly Payment: \$ _____

Automobiles

<u>Make/Model</u>	<u>Year</u>	<u>Purchase Date</u>	<u>New/Used</u>	<u>Purchase Price</u>

Please indicate the circumstances that lead you to request financial aid:

I/we certify that this Financial Aid Application is accurate and complete to the best of my/our knowledge. I/we agree to provide additional documentation upon request.

I/we understand it is our responsibility to notify the Education Administrator if our financial condition improves during the year.

Applicant's Signature

Date

Co-Applicant's Signature

Calvary Academy admits students of any race, color, national or ethnic origin, sex, age, or handicap to all the rights and privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin, sex, age, or handicap in administration of its educational or financial policies.