



CALVARY ACADEMY

Undeniably Academic. Unashamedly Christian.

Financial Aid Application

**2010-2011
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 Balance</u>	<u>Monthly 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

Make/Model	Year	Purchase Date	New/Used	Purchase Price

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.

