



Calvary Academy

Financial Aid Application

2015-2016 School Year

Instructions:

Do not leave any blanks, use "0" or "N/A" (not applicable). Return this form along with a copy of the most recent tax return to: Calvary Academy, Attn: Financial Aid Committee, 1730 West Jefferson Street, Springfield, IL 62702.

Parent Name:
Address:
Husband Employer:
Wife Employer:
Church:

Phone #:
City, State, Zip:
Phone #:
Phone #:
Pastor's Name:
Phone #:

Children attending Calvary Academy for which financial aid is being sought						List other dependents or persons receiving support from you:			
Name	School	Grade Year	Tuition School Year	Amount of Aid Requested	Year Cost After Financial Assistance	Name	Relationship	Living with you	Annual Support
	Calvary Academy								

Do you receive any type of assistance from any other source? (Such as Community Child Care, Free & Reduced Lunches, etc.)
If yes, please list: No; N/A

Estimated Monthly Budget

If payments are made annually, divide by 12

Income

Total Monthly Wages after Taxes: \$ -
(husband and wife)
Other Monthly Income: \$ -
(child support, welfare, unemployment)

Income Source	Amount
N/A	N/A

Total Monthly Income: \$0.00

Expenses

Charitable Contributions

Tithe \$ -
Offering \$ -
Other Contributions \$ -
(above tithe & other organizations)

Total Contributions \$ -

Home

Rent/Mortgages \$ -

Insurance \$ -
Electricity* \$ -
Heating (*included above) \$ -
Trash \$ -
Water/Sewer \$ -
Telephone \$ -
Maintenance \$ -
Other \$ -

Total Home Expense \$ -

Auto

Car payment \$ -
Gas \$ -
Repairs \$ -
Insurance \$ -
License, Parking, etc. \$ -

Total Auto Expense \$ -

Expenses (con't)

Living

Food \$ -
Restaurants/Fast Foods \$ -
Clothing \$ -
Cable \$ -
Hair \$ -
Retreats/Camps \$ -
Babysitting \$ -
Music Lessons \$ -
Family Recreation \$ -
Life Insurance \$ -
Current Monthly Tuition \$ -
Other
Savings Bond \$ -
401K \$ -
United Way \$ -

Total Living Expense \$ -

Medical

(not paid by employer or insurance company)

Insurance Payment \$ -
Doctor/Dentist Visist \$ -
Prescriptions \$ -
Other
Braces \$ -

Total Medical Expense \$ -

Debt

<u>Card</u>	<u>Payment</u>	<u>Balance Owed</u>
Master Card	\$ -	\$ -
Visa	\$ -	\$ -
Other	\$ -	\$ -
Other	\$ -	\$ -
Other	\$ -	\$ -

Total Debt Expense \$ -

Total Monthly Expenses: \$ -

Summary of Income and Expenses

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

Assets and Liabilities

Investments

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

<u>Description</u>	<u>Current Market Value</u>
Savings	\$0.00
Bonds	

Home

Year Purchased
Current Market Value
Purchase Price
Monthly Payment

Auto

Make/Style
Year
Purchase Date
New/Used
Original Cost

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.