



Calvary Academy

Financial Aid Application
2026-2027 School Year

Instructions:

Return this form *along with a copy of the most recent tax return* to:

Calvary Academy, Attn: Financial Aid Committee, 1730 W. Jefferson Street, Springfield, 62702.

Father/Guardian:

Name: _____ Phone #: _____

Address: _____ City, State, Zip: _____

Employer: _____ Phone #: _____

Mother/Guardian:

Name: _____ Phone #: _____

Address: _____ City, State, Zip: _____

Employer: _____ Phone #: _____

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

STUDENT NAME	GRADE	TUITION AMOUNT	AMOUNT OF AID REQUESTED	TUITION COST AFTER FINANCIAL ASSISTANCE

List other dependents or persons receiving support from you:

NAME	RELATIONSHIP	LIVING WITH YOU	ANNUAL SUPPORT

Church: _____ Phone #: _____

Pastor's Name: _____

Do you receive any type of assistance from any other source? _____

(Such as Community Child Care, Free & Reduced Lunches, state assistance, etc.)

If yes, please list:

Estimated Monthly Budget

If payments are made annually, divide by 12.
Do not leave any blanks, use "0" or "N/A" (not applicable).

INCOME

Total monthly wages after taxes: \$ _____
(combined household income)

Other monthly income: \$ _____
(child support, welfare, unemployment, Social Security)

List source of other income: _____

Total Monthly Income \$ _____

EXPENSES

Charitable Contributions

Tithe \$ _____

Offering \$ _____

Other Contribution \$ _____

Total Charitable Contributions \$ _____

Home Expenses

Rent/Mortgage \$ _____

Electricity/Heating \$ _____

Trash \$ _____

Water/Sewer \$ _____

Home Insurance \$ _____

Home Security \$ _____

Other \$ _____

Total Home Expenses \$ _____

Auto Expenses

Car payment(s) \$ _____

Gas \$ _____

Repairs \$ _____

Insurance \$ _____

License, parking, etc. \$ _____

Total Auto Expenses \$ _____

Living Expenses

Food \$ _____
Restaurants/Fast Food \$ _____
Clothing \$ _____
Internet/Streaming Services \$ _____
Cell Phone(s) \$ _____
Athletic Clubs/Activities \$ _____
Camps/Retreats \$ _____
Babysitting/Child Care \$ _____
Music Lessons \$ _____
Family Entertainment/Vacation \$ _____
Insurance \$ _____
Current Monthly Tuition \$ _____
Other (Savings Bond, 401K, United Way, etc.)
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Living Expenses \$ _____

Medical Expenses - not paid by employer or insurance company

Insurance payment \$ _____
Doctor/Dental visits \$ _____
Medical Payments \$ _____
Prescriptions \$ _____
Other (ortho, eye, etc.)
_____ \$ _____
_____ \$ _____

Total Medical Expenses \$ _____

Debt	Name of Creditor	Amount Owed	Monthly Payment
	_____	_____	_____/mo
	_____	_____	_____/mo
	_____	_____	_____/mo
	_____	_____	_____/mo
	_____	_____	_____/mo

Total Debt Expenses \$ _____

Total Monthly Expenses \$ _____

Summary of Income and Expenses

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

Assets and Liabilities

Investments including savings accounts, money market, mutual funds, stocks, bonds, etc.

Description: _____ Current Market Value \$ _____

Description: _____ Current Market Value \$ _____

Description: _____ Current Market Value \$ _____

Home: Year purchased _____ Current Market Value \$ _____

Car(s):

Year/Make/Model _____

Purchase Date _____ Purchase Price _____ Amount Owed _____

Year/Make/Model _____

Purchase Date _____ Purchase Price _____ Amount Owed _____

Please indicate the circumstances that led 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 Business Administrator if our financial condition improves during the year.

I understand that any credit balance on this account at the end of the school year will automatically be applied to my account for the next school year. If my student does not return to Calvary Academy for the next school year, any credit balance will be credited back to Calvary Academy's financial aid program. I also understand, in the event of early withdrawal from Calvary Academy, any credit balance on this account will be transferred back to Calvary Academy's financial aid program.

Applicant's Signature

Co-Applicant's Signature

Date

ACADEMY OFFICE USE ONLY:

Date Received: _____

If returning family:

PIP Time Completed: \$ _____

Fundraisers: \$ _____

Aid Granted Previously: \$ _____

Amount of aid granted for the next school year: \$ _____

Notes:

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.