



# Calvary Academy

Financial Aid Application  
2025-2026 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.) | \$ _____ |
| _____  | \$ _____ |
| _____  | \$ _____ |
| _____  | \$ _____ |

|                              |                 |
|------------------------------|-----------------|
| <b>Total Living Expenses</b> | <b>\$ _____</b> |
|------------------------------|-----------------|

**Medical Expenses – not paid by employer or insurance company**

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

|                               |                 |
|-------------------------------|-----------------|
| <b>Total Medical Expenses</b> | <b>\$ _____</b> |
|-------------------------------|-----------------|

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

|                            |                 |
|----------------------------|-----------------|
| <b>Total Debt Expenses</b> | <b>\$ _____</b> |
|----------------------------|-----------------|

|                               |                 |
|-------------------------------|-----------------|
| <b>Total Monthly Expenses</b> | <b>\$ _____</b> |
|-------------------------------|-----------------|

## 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.

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Applicant's Signature

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Co-Applicant's Signature

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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.