

Calvary Academy

Financial Aid Application
2018-2019 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 W. Jefferson Street, Springfield, 62702.

Father's Name: _____ Phone #: _____

Mother's Name: _____ Phone #: _____

Address: _____ City, State, Zip: _____

Father's Employer: _____ Phone #: _____

Mother's Employer: _____ Phone #: _____

Church: _____ Phone #: _____

Pastor's Name: _____

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

STUDENT NAME	SCHOOL YEAR	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

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.

INCOME

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

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

List source of other income: _____

Total Monthly Income \$ _____

EXPENSES

Charitable Contributions

Tithe \$ _____

Offering \$ _____

Other Contribution \$ _____

Total Charitable Contributions \$ _____

Home

Rent/Mortgage \$ _____

Electricity/Heating \$ _____

Trash \$ _____

Water/Sewer \$ _____

Telephone \$ _____

Maintenance \$ _____

Other \$ _____

Total Home Expenses \$ _____

Auto

Car payment(s) \$ _____

Gas \$ _____

Repairs \$ _____

Insurance \$ _____

License, parking, etc. \$ _____

Total Auto Expenses \$ _____

Living

Food \$ _____

Restaurants/Fast Food \$ _____

Clothing \$ _____

Cable \$ _____

Hair \$ _____

Retreats/Camps \$ _____

Babysitting \$ _____

Music Lessons \$ _____

Family Entertainment/Vacation \$ _____

Life Insurance \$ _____

Current Monthly Tuition	\$ _____
Other (Savings Bond, 401K, United Way, etc.)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Living Expenses \$ _____

Medical – not paid by employer or insurance company	
Insurance payment	\$ _____
Doctor/Dental visits	\$ _____
Prescriptions	\$ _____
Other (ortho, eye, etc.)	\$ _____
_____	\$ _____
_____	\$ _____

Total Medical Expenses \$ _____

Debt		
Credit Card	Payment \$ _____	\$ _____
Credit Card	Payment \$ _____	\$ _____
Credit Card	Payment \$ _____	\$ _____
Other	Payment \$ _____	\$ _____
Other	Payment \$ _____	\$ _____

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: 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 Education Administrator if our financial condition improves during the year.

Applicant's Signature

Co-Applicant's Signature

Date

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.