

**CHRIST CENTRAL SCHOOL
APPLICATION FOR FINANCIAL ASSISTANCE**

(All Information Disclosed Will Be Kept Confidential)

Scholarship recipients will receive a 50% discount on the tuition and are not entitled to any other tuition discounts provided by the school

STUDENT INFORMATION

Student's Name (Last) (First) (Middle)					
Student's Social Security #	Sex	Date of Birth	Grade Level PK 1 2 3 4 5 6 7 8	Race	Age

FAMILY INFORMATION

Name of Parent(s) /Guardian(s) /Custodian(s) (Last) (First)	Phone Number () Home () Work	Social Security #	Occupation	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
(Last) (First)	Phone Number () Home () Work	Social Security #	Occupation	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
Mailing Address (Parent /Guardian/Custodian One)		City	State	Zip Code	County
Mailing Address (Parent/Guardian/Custodian Two)		City	State	Zip Code	County

HOUSEHOLD INFORMATION

List all Household Members	Age	Date of Birth	Social Security #	Sex	Place of Employment Or Name of Educational Facility Where Enrolled	Occupation or Grade Level if Enrolled in an Educational Facility
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Total Number of Household Members Enrolled at Christ Central _____

ASSETS

Own or Rent a home?

List of Assets (include any savings accounts)	Value	Assets (Con't)	Value
1.		5.	
2.		6.	
3.		7.	
4.		8.	

INCOME INFORMATION

Please include a copy of Page 1 and 2 of your last filed 1040 Income Tax Return

Source of Income From all Members of the Household including income from stepparent. (Include child support, interest income, etc. and copies of the income documents for the last two months)	Amount of Income (Monthly)
1.	
2.	
3.	
4.	
5.	
Total Monthly Income	

LIST OF EXPENSES

List all Household Expenses (include mtg, rent, utilities, car payment, credit card, etc.)	Amount (Monthly)	Type of Expense (con't)	Amount (con't)
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		Total	
		Expenses	

STATEMENT OF NEED

Please state why financial assistance is being requested:

I/We affirm that all the information provided is true and correct and understand that scholarships are automatically revoked without notice if tuition becomes delinquent. I have attached a copy of my income tax return.

Signature of Parent/Guardian/Custodian

Date

Signature of Parent/ Guardian/Custodian

Date

Non-Discriminatory Policy

Christ Central School admits students of any race, color, national and ethnic origin to all the rights, 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 and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.