2023-2024

Victory Christian School

Financial Aid Application

| 2023, 21 Please complete the application and return in the enclosed envelope and place in the VCS tuition box on or before April | | | |
|---|--|--|--|
| Please complete the application and return in the enclosed envelope and place in the VCS fultion box on or petore April $15, 202$ | Diagona agus siste ta ga subication a sai sa | | the VCC tuitien her an hefere Annil 15 2022 |
| | Please complete the application and re | Tirn in the enclosed envelope and place in | The VLS fillition hox on or herore Anril 15 2023 |
| | rease complete the application and re | | |

| Please print and complete both | sides of for | m and remember to include a copy | of the tax form. | |
|---------------------------------|---------------|--|--------------------|--|
| Father's/Guardian's Name | | | | |
| Mother's/Guardian's Name | | | | |
| Address | | | | |
| Day Phone | | Cell Phone | | |
| Children's Names and Grades e | ntering in 20 | 023 - 2024 (All Children, not just the | ose attending VCS) | |
| Child | Grade S | School | | |
| Child | Grade S | School | | |
| Child | Grade S | School | | |
| Child | Grade S | School | | |
| 2021 Tax Form (Please Attach C | Сору) | | | |
| 1040 EZ | | | | |
| 1040 | | | | |
| 1040 A | | | | |
| Financial Information from the | above Tax F | orm | | |
| 2021 Gross Adjusted income (fa | ather and mo | other) | | |
| Number of people in your hous | | | | |
| Number of children in private s | chool (PreK | thru 12) | | |
| Number of children in college | | | | |
| Other taxable income | | | | |
| Other Scholarships | | | | |
| Your Monthly Expenses: | | | | |
| Total Cost of Food \$ | | Less Food Stamps \$ | Net Food Cost \$ | |
| | | | Dranautu Tayı Ć | |

| Total Cost of Food \$ | Less Food Stamps \$ | Net Food Cost \$ |
|-------------------------|---------------------------|-------------------------------------|
| Rent-Amount you Pay \$ | Home Mortgage \$ | Property Tax \$ |
| Homeowners Insurance \$ | Water \$ | Electricity \$ |
| Heat \$ | Telephone Land & Cell \$ | Other Utilities \$ |
| Prescriptions \$ | Medical Bills \$ | Medical Insurance \$ |
| Vehicle Payments \$ | Vehicle Insurance \$ | Gas or other transportation cost \$ |
| Daycare | Tools for employment \$ | Clothes for employment \$ |
| Personal Care Cost \$ | Credit Card Payments \$ | Other Mandatory Payments \$ |
| Other Expenses: | | |
| Total Monthly Income \$ | Total Monthly Expenses \$ | Balance \$ |

Completion of this form does not guarantee financial aid. Your tax form will be shredded by our scholarship committee. Your information will be kept confidential. You will be notified by our treasurer of the determination.