

2009-2010 PARK CHRISTIAN SCHOOL FINANCIAL AID APPLICATION

Application Deadline: April 6th

Name of Parent or Guardian: _____
Last First

Employer: _____ Phone: _____

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Last First

Employer: _____ Phone: _____

Home Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Names and grades of children enrolled at Park Christian School:

Name	Entering Grade for 2009-2010 School Year

Names and ages of other dependents living at home:

Name Age Name Age

Name Age Name Age

Name Age Name Age

List approximate annual income before deductions:

Wages and Salary (including bonuses) _____

Social Security _____

Public Assistance _____

Unemployment _____

Child Support _____

Other Income (including Park Christian Grants) _____

Total Income _____

Do you receive any assistance from parents, relatives, friends, or other sources? _____

If yes, please list amount: \$ _____

Do you regularly attend First Assembly? Yes Sometimes No

If sometimes or no, why not? _____

Do you regularly tithe to First Assembly as your church home? Yes Sometimes No

If sometimes or no, why not? _____

Additional information you feel would assist in processing your application:

* I understand that if we discontinue attending First Assembly, I must notify the church immediately and the support will be discontinued as it is assistance for members and regular attendees.

* By signing this document, you are authorizing the financial aid committee to verify the information you have submitted.

Signature of Parent or Guardian

____/____/____
Date

For financial verification, please include a copy of the first page of your most recent tax return.

If you have applied for financial aid from Park Christian, we will need a release form or a copy of the letter indicating the dollar amount you will be receiving.

General Information: Financial aid will be awarded to candidates for the 2009-2010 academic year. Financial aid applications must be returned to the church office by April 6th, 2009.