



Christian Fellowship School Financial Aid Application



This application will be considered confidential and will be viewed only by those responsible for awarding financial aid.

STUDENT INFORMATION

STUDENT NAME: _____ GRADE: _____

ADDRESS: _____
(Street) (City/State) (Zip Code)

PHONE: _____ AGE: _____ DATE OF BIRTH: _____

GRADE(S) PREVIOUSLY COMPLETED AT CFS: _____

FAMILY INFORMATION

FATHER'S/GUARDIAN'S NAME: _____ OCCUPATION: _____

MOTHER'S/GUARDIAN'S NAME: _____ OCCUPATION: _____

TOTAL NUMBER IN FAMILY (HOUSEHOLD):

TOTAL NUMBER SCHOOL AGE: _____ GRADES: _____ ATTEND CFS?: _____

HOUSEHOLD INCOME

Indicate total amount of current income of all household members listed above before deductions such as taxes and social security. List by specific sources and sort all amounts as either weekly, bi-weekly, monthly or annually. Check which payment schedule you are using for all amounts.

WEEKLY		BI-WEEKLY		MONTHLY		ANNUALLY	
Source-Column 1	Amount	Source-Column 2	Amount	Source-Column 3	Amount	Source-Column 4	Amount
Self Emp/Farm Income (Gross Income minus Operating Expenses)	\$	Public Assistance/ Welfare	\$	Child Support/ Alimony	\$		
Wages, Salaries, Commissions	\$	Unemployment Compensation	\$	Interest/ Dividends	\$		
Social Security	\$	Pensions/Retirements	\$	Other Available Cash	\$		
TOTAL INCOME FROM ALL SOURCES LISTED ABOVE (Columns 1+2+3):						\$	

Do you Own Rent your home? Please list monthly payment: \$ _____

Do you have other monies available such as savings accounts, Certificates of Deposit, Bonds, etc.? Yes No

If yes, please check appropriate category: under \$500 \$500-\$1,000 \$1,000-\$5,000 \$ in excess of \$5,000

Please Attach a Copy Of Your Most-Current 1040 Tax Form

List any SPECIAL expenses or hardships and give dollar values such as medical bills, disaster or casualty losses not covered by insurance:

Amount of financial aid requested: \$ _____

Please respond to the following question:

I feel a Christian education is important because _____

I hereby certify that all or the above information is true and correct to the best of my knowledge.

(Signature of Parent)

(Date)

THIS SECTION FOR OFFICE USE ONLY

Date Application Received: _____

Tuition: \$ _____

Date Application Reviewed: _____

Sponsor: _____

Date of Approval: _____

Additional Comments:
