



Application for Financial Aid

Applying for the

- First semester (Aug-Dec) (Enter Year _____)
- Second semester (Jan-May) (Enter Year _____)

You must apply for aid each semester. Financial aid is applicable for tuition only (not books, non-tuition fees, etc.).

1. Parent Information:

Name _____
Father Mother

Address _____

Home Phone _____

Work Phone _____

2. Circle all that apply:

- a. Parents separated or divorced
- b. Single parent
- c. Father disabled
- d. Mother disabled
- e. Father deceased
- f. Mother deceased

3. Student applicant lives with (circle all that apply):

- a. Father
- b. Mother
- c. Stepfather
- d. Stepmother
- e. Male guardian
- f. Female guardian

4. Residence

- a. How many children are residing in your home and/or receiving support from you? ____
- b. How many children in (a) above will be attending tuition-charging schools (RCS, college, other private schools, etc.) this year? ____

5. Children attending Regional Christian School:

Name	Grade	Teacher	Check if requesting assistance for this child	Annual tuition cost
<i>Ex. Johnny Smith</i>	<i>3rd</i>	<i>Wellman</i>	√	<i>\$1,850.00</i>
Total Tuition Cost				\$

6. What would you be willing to contribute toward your tuition payment on a monthly basis? _____

7. Would your child be able to attend RCS without this assistance?
 Yes No

8. Complete this item if student(s) parents are separated or divorced.

Non-custodial parent(s) full name _____

Home address _____

Telephone number _____

Occupation _____

Employed by _____

Date of divorce or separation (month/year) _____

Is there any agreement specifying a contribution for this student(s) educational expenses? _____

If no, can you expect any financial contribution for educational expenses from the non-custodial parent? _____ If yes, how much? _____

9. What is the current grade point average for the child(ren) for whom you are applying? _____

10. Parents/Guardians Income and Expenses:

<i>Enter the information in the boxes. Enter a zero if no entry applies.</i>	Amount Per Month
<i>INCOME/ASSETS</i>	
1. Employment income: Gross per month	\$
Net per month	\$
2. Bank accounts/interest income	
3. Alimony received	
4. Child support received	
5. Unemployment benefits	
6. Social Security benefits (SSI)	
7. DHHR benefits	
8. Veteran's benefits	
9. Other income or income sources	
TOTAL INCOME	\$
<i>EXPENSES</i>	
1. House/mortgage payment	
2. Rent	
3. Utilities (gas, electric, water, sewage, etc.)	
4. Telephone	
5. TV cable	
6. Insurance: House	
Auto	
7. Automobile payment(s) How many vehicles? _____	
8. Total medical/dental expenses NOT covered by insurance	
9. Unusual expenses* (explain below—section 11)	
10. College tuition payment(s)	
11. Other expenses* (explain below—section 11)	
TOTAL EXPENSES	\$

11. Explanation for other/unusual circumstances you would like us to be aware of. If more space is needed, please use additional paper.

