



# Perry Hall Christian School Financial Aid Application

Revised January 2017

Please return to school office in an envelope marked "Financial Aid Committee" by April 16, 2018.

**Academic Year:** 2018-19

**File #** (assigned by PHCS): \_\_\_\_\_

### Parents

	Name	Marital Status ** (married, divorced, separated, widowed)	Financial** Responsibility (yes/no + percentage)
Father	_____	_____	_____
Mother	_____	_____	_____

If eligible for the Widow / Orphan Scholarship Fund, please check here.

\*\*If parents are divorced and both are financially responsible, please submit separate applications with the percentage of financial responsibility.

### Dependent Children

Name: \_\_\_\_\_ 2018-19 Grade: \_\_\_\_\_

Current School \_\_\_\_\_

2018-19 School Plans: \_\_\_\_\_

PHCS Registration Fee Paid? (Y/N): \_\_\_\_\_.

Name: \_\_\_\_\_ 2018-19 Grade: \_\_\_\_\_

Current School \_\_\_\_\_

2018-19 School Plans: \_\_\_\_\_

PHCS Registration Fee Received? (Y/N): \_\_\_\_\_.

Name: \_\_\_\_\_ 2018-19 Grade: \_\_\_\_\_

Current School \_\_\_\_\_

2018-19 School Plans: \_\_\_\_\_

PHCS Registration Fee Received? (Y/N): \_\_\_\_\_.

Name: \_\_\_\_\_ 2018-19 Grade: \_\_\_\_\_

Current School \_\_\_\_\_

2018-19 School Plans: \_\_\_\_\_

PHCS Registration Fee Received? (Y/N): \_\_\_\_\_.

- Enclose a copy of Federal Tax returns for the previous 2 years. For example an application for Financial Aid for the fall of 2018 should include tax returns for both 2016 and 2017. Please feel free to black out Social Security numbers from the tax return.
- Enclose a copy of the equivalent of one month's pay statements for each income earner in the household. Please provide information from the most recent month available.
- Does your family receive any financial support from relatives or other sources? (Please include support for education, trips, camps, athletics, as well as basic daily needs)

No\_\_\_ Yes\_\_\_ Amount (Annually / Monthly): \_\_\_\_\_

Comments:

- Do you provide financial support for any relatives? (Include live-in grandparents, overseas relatives, non-child dependents, etc)

No\_\_\_ Yes\_\_\_ Amount (Annually / Monthly): \_\_\_\_\_

Comments:

- Has your income increased or decreased significantly from last year?

No\_\_\_ Yes\_\_\_ Amount (Annually / Monthly): \_\_\_\_\_

Comments:

- Amount of Financial Aid Requested: \_\_\_\_\_

Comments:

- Annual Household Income: Please itemize all income including bonuses, dividends, interest, rent, alimony, child support, etc.

Source	Amount (Annual)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Annual Income	\$ _____

- Family **Monthly** Budget information is requested. A suggested template follows. Please add categories as necessary.

<i>Mortgage /Rent</i>	\$	<i>Health Care Premiums</i>	\$
<i>Federal Tax</i>	\$	<i>Auto Insurance</i>	\$
<i>State Tax</i>	\$	<i>Savings</i>	\$
<i>County Tax</i>	\$	<i>Retirement / 401k</i>	\$
<i>Gasoline</i>	\$	<i>Charitable Giving</i>	\$
<i>Utilities</i>	\$	<i>Childcare</i>	\$
<i>Food</i>	\$	<i>Education / Tuition</i>	\$
<i>Loan Payments (list purpose)</i>	\$	<i>Other (list)</i>	\$
	\$		\$
	\$		\$
	\$		\$
<i>Credit Cards (list balance &amp; monthly payment)</i>	\$		\$
	\$		\$
	\$		\$
	\$		\$
			\$

- Please use this section to explain any extraordinary circumstances or relevant details that you feel may assist the Financial Aid Committee in reaching a decision about your application. Feel free to attach a statement if necessary.

***Applicant's Signature & Date:***

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***Email Address:***

***Email Address:***

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