



# Frankfort Christian Academy

## Application for Financial Aid

www.frankfortchristianacademy.org

NAME:			
DATE OF BIRTH:	AGE:	GRADE LEVEL:	
PARENT/GUARDIAN NAMES:			
ADDRESS:	PHONE #		
	EMAIL		
WHO IS RESPONSIBLE FOR THE STUDENT'S FINANCIAL SUPPORT?			
FIRST PARENT/SUPPORTER'S <b>MONTHLY</b> NET INCOME:	OCCUPATION:	EMPLOYER:	DURATION OF EMPLOYMENT:
FIRST PARENT/SUPPORTER'S <b>ANNUAL</b> NET INCOME:			
SECOND PARENT/SUPPORTER'S <b>MONTHLY</b> NET INCOME:	OCCUPATION:	EMPLOYER:	DURATION OF EMPLOYMENT:
SECOND PARENT/SUPPORTER'S <b>ANNUAL</b> NET INCOME:			
ADDITIONAL FAMILY INCOME (Social Security, Child Support, VA Benefits, etc.):			
SOURCE	AMOUNT	PAY PERIOD	
_____	_____	per _____	
_____	_____	per _____	
_____	_____	per _____	

OTHER CHILDREN/DEPENDENTS:

NAME	AGE	SCHOOL ATTENDING	MONTHLY TUITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE DESCRIBE WHY THE STUDENT WISHES TO ENROLL AT FRANKFORT CHRISTIAN ACADEMY:

PLEASE DESCRIBE WHY THE STUDENT NEEDS TUITION ASSISTANCE INCLUDING CURRENT SITUATIONS THAT ARE FINANCIALLY IMPACTING YOUR FAMILY:

FOR THE SCHOOL YEAR, HOW MUCH **PER MONTH** ARE YOU ABLE TO COMMIT TO THE STUDENT'S ACCOUNT? (fill all that applies)

FOR REGISTRATION: \_\_\_\_\_ MONTHLY: \_\_\_\_\_

ONE TIME PAYMENT: \_\_\_\_\_ OTHER: \_\_\_\_\_  
(describe below)

PLEASE NOTE: The above commitment is essential in understanding the financial needs of the student. The financial aid application will not be processed without a known commitment amount from the parent/supporters.

By signing below, you acknowledge that the information above is correct to the best of your knowledge and that you have read the principles underlying the granting of financial aid (see next page).

Signature of the Applicant's Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The Organization admits students of any race, color, sex, and ethnic origin with all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender and ethnic origin in the administration of its educational policies, admission policies, and other school administered programs.

The section below is to be completed by FCA administration.

FORMS	PROOF OF INCOME (attach copies)	AMOUNT AWARDED
<input type="checkbox"/> Student Application for Financial Aid	_____	
<input type="checkbox"/> Church Match	_____	APPROVED BY: _____
<input type="checkbox"/> Payment Agreement	_____	DATE: _____

## PRINCIPLES UNDERLYING THE GRANTING OF FINANCIAL AID

1. Financial aid is only evaluated for students who are currently enrolled (or have applied to be accepted) as a student at FCA for the coming school year.
2. Financial aid will be granted only after the need for such aid has been carefully studied. The applicant is asked to furnish information by completing the application forms. Incomplete forms will not be considered. Applications are considered in the order they are deemed complete by the financial aid administrator. **Also, it is necessary to include with the application a copy of the parents' most recent federal tax return (form 1040). The student must be listed as a dependent on the tax return submitted.** This information may be supplemented by written comments or personal interviews if desired.
3. Citizenship: Students are expected to maintain good citizenship while in attendance at FCA.
4. Scholastic Performance: To be eligible for financial aid, a student must maintain a minimum grade point average of 2.50 (C+), or its equivalent, at each semester grading period in order to be renew their financial aid for the following semester. Exceptions may be made for students with special learning abilities.
5. Attendance: Financial aid is awarded for students to be able to attend FCA. On-Time class attendance is considered essential to the academic experience. Scholarships could be lost for habitual tardiness or excessive absences.
6. Student Labor: Student's receiving financial aid must be willing to assist with custodial assignments. Exceptions may be made for students with special learning abilities.
7. Parental/Guardian participation: All families are required to pay some amount on the student's account each month, as outlined in the financial agreement between the family and FCA. Financial aid, scholarships, church aid, or any other assistance paid on the student account do not constitute the family contribution. A written financial agreement must be signed and in our files before financial aid can be distributed.
8. Church Aid: Our program encourages support by the local church. FCA will match up to \$500 of church scholarships. **As part of the financial application process, a Church Matching Scholarship form is required to be on file.** Please have the pastor or appropriate church officer sign and return the Church Sponsorship Form as soon as possible.
9. Application Deadline: Completed applications for financial aid will be processed in order of arrival until June 10<sup>th</sup>, with preference given to current students. Applications received after June 10<sup>th</sup> will be processed in the order of their arrival. It is advisable to apply early because of limited funds and the many requests for financial assistance.
10. APPLICATIONS MUST BE COMPLETE. Please answer every question on the application and see that all items on the checklist arrive at: Frankfort Christian Academy, 1947 W. Barner St., Frankfort, IN, 46041 or Email: [office@frankfortchristianacademy.org](mailto:office@frankfortchristianacademy.org).