



FINANCIAL AID REQUEST APPLICATION

STUDENT INFORMATION

Student Name: _____ Grade: _____ Tuition: _____ Requested Tuition: _____

Student Name: _____ Grade: _____ Tuition: _____ Requested Tuition: _____

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PARENT/GUARDIAN INFORMATION

Father or Male Guardian: _____ Phone: (____) _____

Address: _____ City/State: _____ Zip: _____

Employer: _____ Monthly Gross Earnings \$: _____

Mother or Female Guardian: _____ Phone: (____) _____

Address: _____ City/State: _____ Zip: _____

Employer: _____ Monthly Gross Earnings \$: _____

Other Income, if any \$: _____ Source of Income: _____

(Example: Social Security, Disability, Alimony, & Child Support)

Reason for Request:

A copy of last year's tax form must be submitted with the application, along with January pay stubs, and the GCS monthly expense sheet which should include special expense, such as medical bills, adoption, etc.

I certify that the above facts are true and accurate to the best of my knowledge.

Signature: _____ Date: _____

OFFICE USE ONLY

	Date Submitted		Tax Returns
	Monthly Expense Sheet		January Pay Stubs



MONTHLY EXPENSE SHEET

Student(s) Name: _____ Family Name: _____

Tithing: _____ Church: _____

Mortgage/Rent: _____

Car Payment: _____ Make: _____ Model: _____

Car Payment: _____ Make: _____ Model: _____

Car Payment: _____ Make: _____ Model: _____

Tuition: _____ School: _____

Gas: _____ Name: _____

Electricity: _____ Name: _____

Water: _____ Name: _____

Trash: _____ Name: _____

Cable: _____ Name: _____

Phone: _____ Name: _____

Cell Phone: _____ Name: _____

Medical Insurance: _____ Name: _____

Auto Insurance: _____ Name: _____

Gasoline: _____ Name: _____

Food: _____ Name: _____

Other: _____ Name: _____

Other: _____ Name: _____

Other: _____ Name: _____

Other: _____ Name: _____

Other: _____ Name: _____

Other: _____ Name: _____