

**DAY SCHOOL SCHOLARSHIP FINANCIAL AID FORM**

**Scholarship funds are limited. In order to determine the level of need of those applying for scholarship, a family must show their typical monthly income and expenses. The following information is designed to determine such need and the amount of a scholarship award if appropriate. All information shared will be kept completely confidential and will not be shared with staff, parents or others.**

**When this form is completed, place it in an envelope and put “Pastor Connie Miller” on the front. Give Ms. Tia the envelope.**

**Name of person filling our form** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Name and age of child(ren) to be registered at school**

\_\_\_\_\_  
\_\_\_\_\_

**Anticipated Admission Date** \_\_\_\_\_

**INCOME**

Current Monthly Income

\_\_\_\_\_ Salary or wages (after taxes)

\_\_\_\_\_ Overtime \_\_\_\_\_ Bonuses

\_\_\_\_\_ Public assistance (for example: TANF, SSI, GA/GR)

\_\_\_\_\_ Alimony \_\_\_\_\_ Child Support

\_\_\_\_\_ Investments

\_\_\_\_\_ Workers’ compensation/Unemployment

\_\_\_\_\_ Disability/SSI

\_\_\_\_\_ Other

**TOTAL MONTHLY INCOME** \_\_\_\_\_

**(Please attach a copy of a month’s worth of pay stubs)**

**CURRENT MONTHLY EXPENSES**

\_\_\_\_\_ Rent                      \_\_\_\_\_ Mortgage (need proof)

\_\_\_\_\_ Car Payment      \_\_\_\_\_ Taxes

\_\_\_\_\_ Auto Expenses (gas, insurance, repairs, bus)

\_\_\_\_\_ Groceries                      \_\_\_\_\_ Insurance (Car, homeowners, renters)

\_\_\_\_\_ Utilities (gas, electric, water, trash)

\_\_\_\_\_ Telephone, cell phone, e-mail

\_\_\_\_\_ Health care not paid by insurance

\_\_\_\_\_ Laundry and cleaning

\_\_\_\_\_ Clothes

\_\_\_\_\_ Education

\_\_\_\_\_ Entertainment, gifts, and vacation

\_\_\_\_\_ Charitable contributions

\_\_\_\_\_ Credit Card debt...be specific...minimum payment?

\_\_\_\_\_ Savings and Investment

\_\_\_\_\_ Child Care (other than Holy Trinity)

\_\_\_\_\_ Other

**TOTAL MONTHLY EXPENSES** \_\_\_\_\_

Have you applied for Day Care vouchers through your local county?

\_\_\_\_\_ Yes \_\_\_\_\_ NO

**Will there be any significant financial changes you are expecting in the next six months? Please explain....**

**I declare that the information contained on this form and any attachments are true and correct.**

**Date:**

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**Print or type name**

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**Signature/ Parent 1**

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**Print or type name**

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**Signature/Parent 2**

**6/07**