



Financial Aid Application

Please read each of the following statements carefully and complete all sections. Incomplete applications will be returned.

Desiring that our child(ren) have the opportunity to attend Carlisle Christian Academy, we submit the following application for Financial Aid. We understand that all sections of this application must be completed before consideration is made.

Student's Name: _____ DOB: _____ Sex: M F Grade: _____ Tuition: \$ _____

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Student's Name: _____ DOB: _____ Sex: M F Grade: _____ Tuition: \$ _____

1st Parent/Guardian's Name: _____ Occupation: _____

Address: _____
(Street or PO Box) (Apt#) (City) (State) (Zip Code) (County)

Home Phone: (_____) _____ Other: (_____) _____ E-mail: _____

Number of Dependent Children: _____ Number of Other Dependents: _____

2nd Parent/Guardian's Name: _____ Occupation: _____

Address: _____
(Street or PO Box) (Apt#) (City) (State) (Zip Code) (County)

Home Phone: (_____) _____ Other: (_____) _____ E-mail: _____

Number of Dependent Children: _____ Number of Other Dependents: _____
(Not previously noted) (Not previously noted)

Please be advised that no student will receive assistance totaling the full tuition. All awards are generally under 50% of full tuition. Each family's aid is based on their individual needs as well as the outlined financial policies and availability in the Tuition Assistance Fund.

Total Yearly Tuition for All Students: \$ _____ Total Amount of Financial Aid Request: \$ _____

Have you received Financial Aid from CCA in the past? Y N

If Yes: When? _____ Most Recent Annual Award? _____

Household Income Information: To be eligible for a scholarship, your annual household income (including income from all persons living in the household and any child support or alimony) must not exceed \$50,000 plus \$15,000 for each dependent. With this application please submit a copy of your Federal Income Tax Return (IRS Form 1040, 1040A, 1040EZ) for the current year. Any parent or guardian who claims the student as a dependent must submit a copy of the 1040.

Family Income Statement (use current Federal Income Tax Forms to Complete):

Wage, Salaries, etc.: \$ _____

Interest and Dividends: \$ _____

Unemployment Income: \$ _____

Other Taxable Income: \$ _____

Adjusted Gross Income (AGI: Form 1040: Line 31; Form 1040A: Line 16; Form 1040EZ: Line 4): \$ _____

Other Nontaxable Income and Benefits:

Social Security: \$ _____

Alimony and/or Child Support: \$ _____

Veteran's Benefits: \$ _____

Welfare Receipts: \$ _____

Food Stamps: \$ _____

Medical Benefits: \$ _____

Aid to Families With Dependant Children (ADC): \$ _____

Other Income: \$ _____ Please Describe: _____

Family Budget Statement (please list all monthly expenses):

Mortgage/Rent	\$ _____	Food	\$ _____	Clothing	\$ _____
Entertainment	\$ _____	Charity	\$ _____	Medical	\$ _____
Taxes	\$ _____	Insurance	\$ _____	Utilities	\$ _____
School	\$ _____	Home	\$ _____	Electric	\$ _____
Property	\$ _____	Life	\$ _____	Telephone	\$ _____
Occupational	\$ _____	Auto	\$ _____	Heat	\$ _____
Other	\$ _____	Health	\$ _____	Water/Sewer	\$ _____
Auto	\$ _____	Loan Payment	\$ _____	Refuse	\$ _____
Gas	\$ _____	Miscellaneous	\$ _____	Cable	\$ _____
Repairs	\$ _____				

Family Financial Summary:

Do you own real property other than your home? Y N If Yes, what is the value? \$ _____
 Do you anticipate collecting any money owed to you? Y N If Yes, when and how much? _____/\$ _____
 Do you own stocks, bonds or other investments? Y N If Yes, what is the value? \$ _____
 Do you have other assets – Business or Personal? Y N
 If Yes, please list assets and their value _____

Due to the limited Financial Aid that is available, we require that you ask your home church if they are able to help support your efforts toward Christian Education.

We asked our home church for financial support to send our child(ren) to CCA . Y N
 Our church has committed its support. Y N If yes, how much? \$ _____/month
 Home Church: _____ Telephone #: (____) _____

Pastor/Leader's Name: _____

Contact Person: _____ Date of Contact: _____

We hereby declare that without Financial Aid we could not send our child(ren) to CCA and that if the Lord supplies our need after Financial Aid is awarded, we will notify the Academy and have the award decreased accordingly.

We also agree to meet the tuition due dates on time. We have read and understand the late tuition procedure as follows:

- A late fee of \$15.00 is charged to your FACTS account after the 2nd attempt to collect a payment due to Insufficient Funds or an Expired Credit Card. The Administrator may waive this fee if notified of financial hardship prior to the 1st day of the next month.
- If the payment is not made by the 1st of the following month, written notification places the student(s) on enrollment probation and they will be dismissed from CCA if the family falls behind by a total of two tuition payments. The family may appeal in writing to the CCA Advisory Committee within thirty (30) days of dismissal.
- The Academy shall take appropriate measures to recover the tuition owed, including binding arbitration or civil relief.

I certify that all of the above information is true and correct and the Federal Forms 1040 enclosed provide a true and accurate verification of my annual household income. I understand that the deliberate misrepresentation of the information may result in the award being denied or terminated. I understand that the award payments will continue for the complete, current school year only as long as my child is enrolled at the school, my family continues to qualify under the award income guidelines, and I stay current on the tuition balance. Any unused portion of the award will be retained by CCA for other uses. Further, I understand that the awards are given according to the prioritized selection of the qualified applicants, as per the guidelines established by the Commonwealth of PA and buy the CCA Financial Aid Fund, and that the awards given are the sole responsibility of CCA. All decisions are final.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date