



FINANCIAL AID APPLICATION

FY 2026'-27'

March 2026
Grace Christian Academy
4106 W. 28th Street
Chicago IL 60623

PARENT INFORMATION

(Please fill out below for each parent/guardian living in the household)

Parent/Guardian Name #1 _____

Employment status of Parent/Guardian #1?

Full-Time Part-Time Student Retired Disabled Seeking Employment Self employed

What does Parent/ Guardian #1 do for a living(job title) ? _____

How are you Paid? Cash - Check- other _____

Parent/Guardian Name #2 _____

Employment status of Parent/Guardian #2?

Full-Time Part-Time Student Retired Disabled Seeking Employment Self employed

What does Parent/ Guardian #2 do for a living (job title) ? _____

How are you Paid? Cash - Check- other _____

Household Info :

Total Family Size: _____

Total # of Students Applying for: _____

Total Monthly Gross Income: _____

Monthly Net Self-employment Income: _____

Monthly Unemployment and/or Worker's Compensation Income: _____

Other Monthly Income (Pensions, Annuities, Dividends): _____

Do you currently attend a church ? If so, please list name : _____

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STUDENT INFORMATION

Please list the name(s) of the student(s) in which you are applying for Financial Assistance:

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

PARENT INFORMATION

(Please fill out below for each parent/guardian living in the household)

Parent/Guardian Name #1 _____

Street address _____

City _____

Zip code _____

Cell Phone _____

Email Address _____

Parent/Guardian Name #2 _____

Street address _____

City _____

Zip code _____

Cell Phone _____

Email Address _____

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MONTHLY HOUSEHOLD INCOME INFORMATION

How many people total reside in your household? _____

What are the names & ages for the other children who reside in your household?

What is the average take home amount for Parent/Guardian #1? _____

How Often? *Every week- bi-weekly - monthly* (circle one)

What is the average take home amount for Parent/Guardian #2? _____

How Often? *Every week- bi-weekly - monthly* (circle one)

If applicable, please list the **income you receive** for the following:

Illinois Link, SNAP,TANF _____

Child Support Received _____

Other Income _____

Please describe any extenuating circumstances to help us understand your current financial situation:

COMBINED MONTHLY HOUSEHOLD EXPENSES

Please provide your family's combined monthly expenses for the following:

Mortgage/Rent _____
Car Payments _____
Child Support _____
Utilities – Gas/ Light/ Water _____
Food _____
Other expenses not listed _____
Total _____

Have you applied for Action for Children?

- I do not plan to apply.
- Please have the Admissions Team provide me with information if I am eligible to apply.
- I have completed the application, and it is currently pending approval.

Additional Documents Required:

- Attached are my most 2 recent pay stubs.

I affirm that all of the information in this application is true to the best of my knowledge and agree to participate in school and church activities outside of the regular school day if offered financial assistance. I understand that my financial aid application will be considered incomplete if I do not submit my most two recent pay stubs and that of my partner (if applicable).

Parent Name _____

Parent Signature _____ Date _____