



FINANCIAL AID APPLICATION

FY 22'-23'

APRIL 18, 2022
GRACE CHRISTIAN ACADEMY
4106 W 28th Street Chicago, IL 60623



FINANCIAL AID APPLICATION

FINANCIAL AID AGREEMENT

Grace Christian Academy requests 12 volunteer hours per year from every family receiving financial assistance through the school. **I understand that if I do not complete these hours, I could lose my financial aid or even be asked to re- pay part or all of the assistance I have received.** _____

(Parent Initial)

STUDENT INFORMATION

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

Student's Name _____

Student's Name _____

Student's Name _____

Student's Name _____

Student's Name _____



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PARENT INFORMATION

Parent/Guardian Name #1 _____

Cell Phone _____ Email Address _____

What is the employment status of Parent/Guardian #1?

- Full-Time Part-Time Student Homemaker Retired Disabled Seeking Employment

Please list the place of Employment of Parent/Guardian #1:

Employer Name _____

Address _____

City _____ State _____ Zip _____

Employer Phone _____

If applicable, please list where Parent/Guardian #1 is currently attending school:

School Name _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name #2 _____

Cell Phone _____ Email Address _____

What is the employment status of Parent/Guardian #2?

- Full-Time Part-Time Student Homemaker Retired Disabled Seeking Employment

Please list the place of Employment of Parent/Guardian #2:

Employer Name _____

Address _____

City _____ State _____ Zip _____

Employer Phone _____

If applicable, please list where Parent/Guardian # 2 is currently attending school:

School Name _____

Address _____

City _____ State _____ Zip _____



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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?

How often is Parent/ Guardian #1 paid? *(Select one)*

- Weekly Every 2 Weeks Monthly Semi-Monthly (15/30)

What dollar amount per paycheck does Parent/Guardian #1 receive? \$ _____

How often is Parent/ Guardian #2 paid? *(Select one)*

- Weekly Every 2 Weeks Monthly Semi-Monthly (15/30)

What dollar amount per paycheck does Parent/Guardian #2 receive? \$ _____

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

Illinois Link _____

Social Security Benefits/Workers Comp _____

Child Support Received _____

Alimony Received _____

Help from family/friend for tuition _____

Other Income _____

Total Family Income _____

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



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COMBINED MONTHLY HOUSEHOLD EXPENSES

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

Mortgage/Rent _____

Car Payments _____

Transportation _____
(Gas/insurance/bus passes)

Child Support/Alimony Payments _____

Phone/ Internet/ Cable _____

Utilities – Gas/ Light/ Water/ Trash _____

Health/Home Insurance _____

Tithe/Offerings _____

Food _____

Clothing _____

Other _____

Total Monthly Expenses _____

Have you applied for Action for Children?

- 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.
- I have completed the application and have been approved. Please list the Eligibility End Date _____
(A copy of your ACA application or confirmation of the application submission must be provided as well)
- I have completed the application and have been denied.
- I do not plan to apply.

****The last two paystubs for you and any other income earners (if applicable) MUST be submitted to complete this application. ****

I affirm that all of the information in this application is true to the best of my knowledge and agree to work the required hours if offered financial assistance. I understand that my financial aid application will be considered incomplete if I do not submit my most two recent paystubs and that any other income earners in the household (if applicable).

Parent Name _____ Parent Signature _____ Date _____