

FINANCIAL AID APPLICATION

FY 2023'-24'

March 2023 Grace Christian Academy 4106 W. 28th Street Chicago IL 60623

FINANCIAL AID APPLICATION

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

PARENT INFORMATION

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

Parent/Guardian Name #1
Cell Phone
Email Address
What is the 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) ?
Parent/Guardian Name #2
Cell Phone
Email Address
What is the 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) ?

FINANCIAL AID APPLICATION

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 <u>income you receive</u> for the following:
Illinois Link, SNAP,TANF
Child Support Received
Other Income
Please describe any extenuating circumstances to help us understand your current financial situati

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 Signature ______ Date _____