



# FINANCIAL AID APPLICATION

FY 2025'-26'

**March 2025**  
**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 \_\_\_\_\_

**FINANCIAL AID APPLICATION**

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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 \_\_\_\_\_