

# Fountain City Christian School

## 2018-2019 Application for Tuition Assistance

Please read and complete the entire application. You will need to make a copy of your 2017 federal and state tax return and your 4 most recent pay stubs for each job and attach these with your application. Your application will be reviewed by the business office manager and school administrator. Fountain City Christian School does not discriminate on the basis of race, color, national and ethnic origin. Filling out this application does not guarantee that you will receive an award. Awards are distributed on a first-come, first-serve basis to families who qualify.

### Basic Information

Today's Date: \_\_\_\_\_

Parent's or Applicant's Full Name(s):  
\_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of people in your household: \_\_\_\_\_

In the event that your child has another parent, who you are not married to or are legally separated from, who is required by the court to pay a portion of the tuition, please enter the amount or percent:  
\_\_\_\_\_

Circle head of household's current employment status: Employed full-time, Employed part-time, Business owner, Self-employed, Retired, or Not employed

Circle your relationship to the student: Mother, Father, Step-parent, grandparent, legal guardian, other  
If other, please explain: \_\_\_\_\_

### Students (enrolled in Fountain City Christian School)

Child's Full Name

Grade entering

_____	_____
_____	_____
_____	_____

Please list additional students on another sheet of paper.

**Income Information**

Applicant's Adjusted Gross Income (Federal tax form 1040, 1040 A, 1040 EZ):

\_\_\_\_\_

Taxable Income (Federal tax form 1040, 1040 A, 1040 EZ): \_\_\_\_\_

State & Federal Tax Refund: \_\_\_\_\_

State & Federal Tax Paid: \_\_\_\_\_

**Monthly Income**

**Net income from wages (take-home pay):**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

TANF/ADC/AAC: \_\_\_\_\_

Food Stamps: \_\_\_\_\_

Social Security Benefits: \_\_\_\_\_

Child Support/Alimony Received: \_\_\_\_\_

Investment Income: \_\_\_\_\_

Other income:

Taxable: \_\_\_\_\_ Non-taxable: \_\_\_\_\_

Monthly tuition help from others: \_\_\_\_\_

**Self-employed or business owners:** Are you or your spouse an owner/part-owner of a business, partnership, corporation, or LLC?

Yes or No / If yes, please explain who and what type of business. Also be sure to submit a copy of business tax return for 2017 along with this document.

\_\_\_\_\_

## Monthly Expenses

Monthly mortgage or rent (include monthly amount of real estate taxes, home owners insurance and escrow if applicable): \_\_\_\_\_

Monthly auto payment or lease: \_\_\_\_\_

Monthly bankruptcy payment: \_\_\_\_\_

For this next set of expenses, you will include the most recent month and the past two month's expenses:

Expense	this month	1 month ago	2 months ago	total	total divided by 3
child support					
alimony					
utilities (includes: electricity, water, heating fuel, garbage, internet, cable, phone service)					
insurance (includes: Life, health, vision, dental and auto actually paid by you)					
giving/tithe					
college tuition					
child care paid					
monthly medical: Predictable reoccurring expenses					

Do you or your spouse have any short-term debt expenses? (Credit cards, short-term loans etc.)? Yes or No / If you do, please list name and ending balance amounts below.

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I certify (promise) that all the information that I have provided is true and correct to the best of my knowledge. I agree to provide any other documents requested to verify the information given. I understand that any balance not covered by tuition assistance is my responsibility, and I will abide by Fountain City Christian School's policies for payments. I understand that an early withdrawal from Fountain City Christian School will impact the amount of tuition assistance that I will receive and therefore my financial responsibility.

**Signature of parent/applicant:** \_\_\_\_\_