

Fountain City Christian School

2017-2018 Application for Tuition Assistance

Please read and complete the entire application. You will need to make a copy of your 2016 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 2016 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.

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: _____