

Fountain City Christian School
2019-2020 Application for tuition assistance

Date: ____ / ____ /2019

I do not qualify for ___ED Choice ___NOSF I applied for ___ED Choice ___NOSF

Head of Household: _____ Number in Household: _____

Household number is made up of; yourself, spouse, and dependents you will claim on taxes

FCCS Student(s) Name(s) and grades: _____

Income

Please submit a copy of your 2018 form 1040 (A) (EZ). No worksheets are needed. We will destroy all documents after use or return if given a written request.

Include all income, from all persons who received income greater than \$1000 and were counted above as part of the household.

Total annual wages and salaries	\$ _____
Total annual income from investments	\$ _____
Total annual income from rental property minus expenses	\$ _____
Total annual alimony and child support received	\$ _____
Total annual social security/disability received	\$ _____
Total annual housing allowance or fair rental value of parsonage	\$ _____
Total annual other income not mentioned above	\$ _____
Total Annual Income	\$ _____
Total Medical debt \$ _____ Monthly minimal payments	\$ _____
Monthly Alimony and child support payments	\$ _____
Total Monthly Expense	\$ _____