



# TRINITY CHRISTIAN SCHOOL

## 2024-25 Financial Aid Application (NEW STUDENTS / FIRST-TIME APPLICANTS)

Applicants must have paid the Application Fee for Admission prior to being considered for Financial Aid.

Financial Aid applies only to tuition and not to fees, such as application, registration, sustaining.

Indicate the type(s) of Financial Aid for which you wish to be considered:

- GOAL Scholarship** (available to current recipients and qualified new K4-12<sup>th</sup> grade students)
- Tuition Assistance** (based on need of family, need of school, and availability of funds)
- Pastor's Partnership** (available to full-time ministerial staff)
- Alumni Discount** (available to K4-12<sup>th</sup> grade students whose parent is a TCS alumni)

**Please note the following requirements for Financial Aid Application to be considered:**

<b>For GOAL Scholarship and Tuition Assistance</b>	<b>For Pastor's Partnership</b>
<p style="background-color: yellow; margin: 0;"><b>Copy of pages 1 and 2 of 2023 Federal Income Tax Return (Form 1040) with taxpayer signature on designated line on page 2</b></p> <p>List any additional income not included in AGI:</p> <p>Annual Amount of Child Support Received \$ _____</p> <p>Annual Amount of Worker's Compensation Received \$ _____</p> <p>Annual Allowances Received for Housing, Food, Living Expenses \$ _____</p> <p>Annual Amount Other Untaxed Income and Benefits Received \$ _____</p>	<p>Documentation from church (official letter stating full-time ministerial position, signed by senior pastor or chair of governing body of church)</p>
<b>For Alumni Discount</b>	
<p>Please provide the names and graduation year of the parent(s) who are Trinity Christian School Alumni.</p> <p>Mother _____ Graduation Year _____</p> <p>Mother's Maiden Name (if applicable) _____</p> <p>Father _____ Graduation Year _____</p>	

Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Child(ren): \_\_\_\_\_ Grade (for year of assistance): \_\_\_\_\_ Last school attended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With whom do(es) the student(s) live? \_\_\_\_\_

Please list two references, including former teachers, clergy, or other personal references (no relatives).

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone Number</u>

List any other family members (not included on the tax return) who are dependent on the household income.

<u>Name</u>	<u>Age</u>	<u>School Attending</u>

### Note to Parent or Guardian

If there are extenuating circumstances pertaining to your financial or personal situation that will assist in the consideration of Financial Aid for your family, please provide this information below or in an attachment to this application.

*I, the undersigned, agree that, if my child(ren) receive Financial Aid at Trinity Christian School, I will support the School to the best of my ability with my prayers, presence, and service.*

Father's Signature:		Date:	
Mother's Signature:		Date:	

Office use: Date Received \_\_\_\_\_ Documents Included: **Signed** Tax Return \_\_\_\_\_ Church Letter \_\_\_\_\_