

Central Christian Academy Financial Aid Request

Section 1 : Applicant Information	
Name:	Marital Status:
Employment Status:	Relationship to student:
Occupation:	Employer:

Section 2 : Income	
<i>Please include a copy of your latest tax return with this application.</i>	
Size of Household Adults: <input style="width: 100px;" type="text"/>	Children: <input style="width: 100px;" type="text"/>
Adjusted Gross Income from most recent tax return:	<input style="width: 200px;" type="text"/>
<i>Co-Applicant</i>	
Adjusted Gross Income from most recent tax return:	<input style="width: 200px;" type="text"/>
<i>Does Applicant of Co-Applicant receive any of the following (check all that apply)</i>	
<input type="checkbox"/>	Child Support
<input type="checkbox"/>	(SSI) Social Security Benefits (not taxed)
<input type="checkbox"/>	(TANF) Temp. Assistance for Needy Families
<input type="checkbox"/>	Welfare of Aid for Families with Dependant Children
<input type="checkbox"/>	Food Stamps
<input type="checkbox"/>	Tuition Support from Friends/Relatives/Employer or other sources
<input type="checkbox"/>	Workers Compensation
<input type="checkbox"/>	Other non-taxable income (Housing allowance, foster care allowance, VA benefits, etc)
Total Amount Received: <input style="width: 100px;" type="text"/>	Frequency Received: <input style="width: 100px;" type="text"/>

Section 3 : Expenses	
<i>Supporting documents may be requested</i>	
Monthly rent or mortgage (include principal, interest, taxes, and home insurance):	<input style="width: 150px;" type="text"/>
Do you own a second home? (YES / NO)	
Vehicle Information: (LEASED / OWNED)	Is vehicle paid off? (YES / NO)
Vehicle 1 Make and Model: <input style="width: 150px;" type="text"/>	Year? <input style="width: 50px;" type="text"/> Payment <input style="width: 50px;" type="text"/>
Vehicle 2 Make and Model: <input style="width: 150px;" type="text"/>	Year? <input style="width: 50px;" type="text"/> Payment <input style="width: 50px;" type="text"/>
Vehicle 3 Make and Model: <input style="width: 150px;" type="text"/>	Year? <input style="width: 50px;" type="text"/> Payment <input style="width: 50px;" type="text"/>
Total Credit Card debt: <input style="width: 100px;" type="text"/>	Total Minimum Mo. Pmt on cards: <input style="width: 100px;" type="text"/>
Total Monthly Loan Pmts: <input style="width: 100px;" type="text"/>	Total Medical Payments: <input style="width: 100px;" type="text"/>
<i>List significant expenses not listed above</i>	
Expense: <input style="width: 500px;" type="text"/>	Amount: <input style="width: 100px;" type="text"/>
Expense: <input style="width: 500px;" type="text"/>	Amount: <input style="width: 100px;" type="text"/>
Expense: <input style="width: 500px;" type="text"/>	Amount: <input style="width: 100px;" type="text"/>
Total Monthly Expenses: <input style="width: 150px;" type="text"/>	

Section 4 : Assets and Liabilities

Supporting documents may be requested

Value of cash, savings and/or checking accounts:	
Value of stocks, bonds, mutual funds or CD's:	
Value of retirement plan assets (401K, 403B or IRA):	
What is your annual contribution of retirement plans?	
If you own your home, the amount you owe:	
If you own your home, the estimated value of the home:	

We certify that, to the best of our knowledge, the above information is true and correct:

Applicant

Date

Co-Applicant

Date