

Financial Assistance Request 2017-2018

Covenant Christian School

2145 North Ballas Road, St. Louis, Missouri 63131

Voice: 314-787-1036 Fax: 314-432-3989 Email: school@ccsstl.org



In an effort to be good stewards of God's resources, we ask you to fill out this application in order to help us allocate our available funds to the families with the greatest need. **Please return this application along with a copy of pages 1 and 2 of your latest Federal 1040 tax return** by no later than April 15 in order to ensure consideration. We will do our best to inform you of our decision by May 1. Depending upon the availability of funds, financial aid may not be available for children entering Little Pelicans. **Aid is contingent upon being current with past tuition obligations by the start of the school year, and will be prorated until such payments are made current.** All information contained in and with this request will be held in the strictest confidence. Normally aid is limited to 50% of tuition.

Name of parents/guardians: _____

Address: _____
Street City Zip

Phone: _____ Email Address: _____ Length at current address: _____

Parent information (check all that apply):

married _____ single _____ separated _____ divorced _____

Child lives with: parents _____ father _____ mother _____ other (please specify): _____

Father's occupation: _____

Church membership/attend: _____ Denomination: _____

Mother's occupation: _____

Church membership/attend: _____ Denomination: _____

Children enrolled or enrolling at Covenant:

Name (age): _____ Grade entering: _____ Tuition: _____

Name (age): _____ Grade entering: _____ Tuition: _____

Name (age): _____ Grade entering: _____ Tuition: _____

Name (age): _____ Grade entering: _____ Tuition: _____

Other children living at home and ages: _____

Reason you are seeking financial assistance: _____

Estimated family income (Adjusted Gross Income - AGI):

	Current Calendar Year	Next Calendar Year
Earned income (AGI):	_____	_____
Invest./Misc. income:	_____	_____
Other/Support:	_____	_____
Total:	_____	_____

If you receive "Other/Support," please explain: _____

List your major monthly expenses (if "Other," please briefly explain).

Housing: _____ Education: _____ Other: _____
Auto(s): _____ Medical: _____ Other: _____
Insurance: _____ Food: _____

List the estimated market value of your major assets (if "Other," please briefly explain).

Home: _____ Non-Retirement Savings: _____
Auto(s): _____ Other: _____

Please note any other information you would like the committee to consider: _____

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

For Finance Committee Use Only

Committee decision: Approved: _____ \$ _____

Committee signatures: _____
