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**Form must be filled out completely for consideration**

**San Gabriel Christian School  
APPLICATION FOR FINANCIAL ASSISTANCE PROGRAM**

**Financial Assistance Program**

It is the desire of the School Finance Committee (SFC) to acknowledge and praise God for the grace and provision He extends to the community of families of San Gabriel Christian School (SGCS) who may have a financial need. The Financial Assistance Program (FAP) is to assist families with a financial need to help meet their tuition obligation.

Financial Assistance Program is used to provide funds for tuition or Resource Room fees only.

Families that are eligible must meet the following criteria:

1. They commit to registering for enrollment to SGCS.
2. They show there is a financial need.
3. Student recipients are to maintain a grade point average of 2.0 or above.

San Gabriel Christian School does not discriminate on the basis of race, color, or national and ethnic origin in administration of its Financial Assistance Program.

**Financial Assistance Program Procedures:**

Families may request an Application for Financial Assistance form from the school office.

Families may complete and submit their request on the Application for Financial Assistance form and **their previous year's tax return** to the Operations Manager in the school office any time after the start of school. The SFC will accept applications for the next school year after the registration packets are mailed.

The SFC requires families requesting financial assistance provide copies of tax returns or other financial documentation as requested. The SFC may also review the liquid and property assets of the applicants, and may request documentation concerning such assets. Such documents shall be treated confidentially, and will be reviewed only by members of the SFC.

The SFC reviews all applications for approval and will determine the award amount to be issued.

The SFC may examine the percentage of SGCS tuition to gross family income. The SFC shall review the ratio of household income per student.

The SFC will give priority to those families who do not have other financial resources available to them. Extended families, churches and other ministry connections should be approached before funds are requested through SGCS.

Financial assistance requests should be submitted annually. Priority will be given to families who have not yet received financial assistance.

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Discounts or other financial assistance shall not be awarded or considered solely on the basis of classroom availability.

The SGCS Administration shall not be involved in the awarding of financial assistance beyond offering input, as would any member of the SFC.

The SFC shall not award more than 80% of the Financial Assistance Program budget prior to September 1st; in order to insure funds are available for assistance opportunities that may arise after the school year has commenced. After September 1st, families will be considered to receive any remaining funds in the order their applications were received.

The Operations Manager or designate will inform the applicant of the SFC decision. Financial assistance that is approved prior to the start of the new school year, the applicant is required to register within 30 days of the notice of approval in order to receive the award.

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**San Gabriel Christian School  
APPLICATION FOR FINANCIAL ASSISTANCE PROGRAM**

Date \_\_\_\_\_

Requesting Assistance for (check one):  2017-18 Year     Other \_\_\_\_\_

**PERSONAL INFORMATION**

Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Father/Mother (Guardian): \_\_\_\_\_

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

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ The best time of day to reach me: \_\_\_\_\_

**REQUEST**

Please state a brief summary of your need so we have a clear understanding.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Help us assess your commitment to Christian education and to San Gabriel Christian School. What is the most important reason for your family to be enrolled at SGCS? What has SGCS done for your children/family? Attach separate sheet of paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the suggested amount you think you will need to supplement your tuition? \_\_\_\_\_

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**EMPLOYMENT HISTORY** (Please do *NOT* submit a resume for this section)

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

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

Employment Date: (Start) \_\_\_\_\_ (End, if applicable) \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employment Date: (Start) \_\_\_\_\_ (End, if applicable) \_\_\_\_\_

Occupation: \_\_\_\_\_

**ASSETS**

**WHAT I OWE**

Type of Asset	Value	Type of Loan	Loan Balance
Home		Home Mortgage	
2 <sup>nd</sup> Home		Home Equity Loan	
Income Property		Other Property Mortgage	
Checking Account		Credit Card _____	
Checking Account		Credit Card _____	
Savings Account		Credit Card _____	
Savings Account		Credit Card _____	
Investments		Credit Card _____	
Retirement Accounts		Credit Card _____	
Stocks		Bank Loan	
Other		Bank Loan	
		Finance Co.	
		Relative/Friend	
		Schools/loans	
		IRS Debt	
		Other	

Have you ever filed for bankruptcy?    NO    YES   If so, when: \_\_\_\_\_

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**INCOME**

I get a check for (amount after taxes)

Job #1 \$ \_\_\_\_\_ o weekly o every other week o twice a month o monthly

Job #2 \$ \_\_\_\_\_ o weekly o every other week o twice a month o monthly

My spouse gets a check for (amount after taxes)

Job #1 \$ \_\_\_\_\_ o weekly o every other week o twice a month o monthly

Job #2 \$ \_\_\_\_\_ o weekly o every other week o twice a month o monthly

Other Income:

Unemployment \_\_\_\_\_ o weekly o monthly

Child Support \_\_\_\_\_ o weekly o monthly

Disability \_\_\_\_\_ o weekly o monthly

Public Aid \_\_\_\_\_ o weekly o monthly

Alimony \_\_\_\_\_ o weekly o monthly

Food Stamps \_\_\_\_\_ o weekly o monthly

Dividends \_\_\_\_\_ o weekly o monthly

Other \_\_\_\_\_ o weekly o monthly

TOTAL MONTHLY INCOME FROM ALL SOURCES: \$ \_\_\_\_\_ (Please Total

**EXPENSES**

**Giving (tithes/offering monthly)**

Total \_\_\_\_\_ (a)

**Housing (monthly)**

**Amount**

Mortgage \_\_\_\_\_

Rent \_\_\_\_\_

Taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Maintenance \_\_\_\_\_

Association Dues \_\_\_\_\_

Rent \_\_\_\_\_

Electric \_\_\_\_\_

Gas \_\_\_\_\_

Water \_\_\_\_\_

Telephone/Internet \_\_\_\_\_

(Including cell phones) \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_ (b)

**Auto/Trans. (monthly)**

**Amount**

Insurance \_\_\_\_\_

License (monthly) \_\_\_\_\_

Bus/Parking \_\_\_\_\_

Gas \_\_\_\_\_

Maintenance \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_ (c)

**Professional Services (monthly) Amount**

Childcare \_\_\_\_\_

Medical/Dental \_\_\_\_\_

Prescriptions \_\_\_\_\_

Legal \_\_\_\_\_

Counseling \_\_\_\_\_

Union/Prof. Dues \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_ (d)

**Insurance (monthly) Amount**

*If paid by employer, check yes. If you pay, list amount.*

Life o NO o YES \_\_\_\_\_

Medical o NO o YES \_\_\_\_\_

Dental o NO o YES \_\_\_\_\_

Disability o NO o YES \_\_\_\_\_

Home Owners/

Renters o NO o YES \_\_\_\_\_

Other o NO o YES \_\_\_\_\_

Total \_\_\_\_\_ (e)

**Entertainment: (monthly) Amount**

Dining Out \_\_\_\_\_

Movies/Events \_\_\_\_\_

Babysitting \_\_\_\_\_

Vacation/Trips \_\_\_\_\_

Cable TV \_\_\_\_\_

Health Club \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_ (f)

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<b>Loan Payments: (monthly)</b>	<b><u>Amount</u></b>	<b>Household/Personal: (monthly)</b>	<b><u>Amount</u></b>
Car Payment	_____	Food and household items	_____
Car Payment	_____	Clothing	_____
Credit Card #1 _____	_____	Beauty/cosmetics	_____
Credit Card #2 _____	_____	Laundry/cleaning	_____
Credit Card #3 _____	_____	Books/magazines	_____
Credit Card #4 _____	_____	Gifts	_____
Credit Card #5 _____	_____	SGCS Tuition	_____
Credit Card #6 _____	_____	Education	_____
School Loans	_____	Allowances/Lessons	_____
Bank Loans	_____	Child Support Payments	_____
Credit Union	_____	Other	_____
Home Equity Loan	_____		
Other	_____		
			Total _____ (h)
	Total _____ (g)		

**TOTAL EXPENSES** (Add "total" line from all sections; lines (a) thru (h): \$ \_\_\_\_\_)

**NET INCOME** (Total income minus (-) total expenses above): \$ \_\_\_\_\_

I (we) understand that the School Finance Committee requires copies of tax returns or other financial documentation be provided by families requesting financial assistance. The committee may also review the liquid and property assets of the applicants, and may request documentation concerning such assets. Such documents shall be treated confidentially, and will be reviewed only by members of the School Finance Committee.

I (we) hereby certify that the answers and other information on this application are true and correct and that I (we) understand any misrepresentation or omission of facts on my (our) part will disqualify me (us) from this ministry's service.

Name: (Please Print) \_\_\_\_\_

Sign: X \_\_\_\_\_ Date \_\_\_\_\_

*If married, husband and wife must both sign)*

Name of Spouse: (Please Print) \_\_\_\_\_

Sign: X \_\_\_\_\_ Date \_\_\_\_\_