



STUDENT FINANCIAL AID FORM

Instructions: Please complete both sides of this form. This "Student Financial Aid Form" may be given to the Principal or the Administrative Assistant along with your other documents.

For School Year: \_\_\_\_\_ to \_\_\_\_\_

Parent's Name(s): Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Location of Church Membership: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

Table with 2 columns: Students at MCS, Grade. Includes 4 rows for student information.

Monthly School Tuition: First Student \$\_\_\_\_\_
Monthly School Tuition: Second Student \$\_\_\_\_\_
Monthly School Tuition: Third Student \$\_\_\_\_\_
Monthly School Tuition: Fourth Student \$\_\_\_\_\_

TOTAL MONTHLY SCHOOL TUITION AMOUNT: \$\_\_\_\_\_

What amount are you prepared to pay for your family's school tuition each month? \$\_\_\_\_\_

What amount will be paid by relatives or other sources for your family's school tuition each month? \$\_\_\_\_\_

TOTAL MONTHLY FAMILY CONTRIBUTION \$\_\_\_\_\_

Financial Aid Requested: (Per Month - For First Student) \$\_\_\_\_\_

Financial Aid Requested: (Per Month - For Second Student) \$\_\_\_\_\_

Financial Aid Requested: (Per Month - For Third Student) \$\_\_\_\_\_

Financial Aid Requested: (Per Month - For Fourth Student) \$\_\_\_\_\_

TOTAL MONTHLY FINANCIAL AID REQUESTED: \$\_\_\_\_\_

Total yearly family contribution (monthly total from above x 10 months) \$\_\_\_\_\_

Total yearly financial aid requested (monthly total from above x 10 months) \$\_\_\_\_\_

Total yearly family contribution + financial aid requested (should add up to total tuition for the year) \$\_\_\_\_\_



Total Yearly Gross Income of Household (salaries and wages): \$ \_\_\_\_\_

Parents' Employment: Father's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Income (monthly):**

Monthly Wages \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

State or County Aid \$ \_\_\_\_\_

Income from Rents or Other Assets \$ \_\_\_\_\_

Unemployment Compensation/Disability \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

**Expenses (monthly):**

Home Rent or Mortgage (include taxes and insurance) \$ \_\_\_\_\_

Utilities (gas, electric, water, trash, etc.) \$ \_\_\_\_\_

Telephone/Internet/TV (include cell phones, cable, landlines, etc.) \$ \_\_\_\_\_

Groceries \$ \_\_\_\_\_

Health Insurance and Medical Bills \$ \_\_\_\_\_

Auto Insurance \$ \_\_\_\_\_

Loans (monthly payments) Cars \$ \_\_\_\_\_

Credit Cards \$ \_\_\_\_\_

Student Loans \$ \_\_\_\_\_

Other Loans \$ \_\_\_\_\_

Total tuition you plan to pay to Mayfair Christian School (total from page 1) \$ \_\_\_\_\_

Tuition paid to other schools (i.e., other private school) \$ \_\_\_\_\_

Name of other school where you pay tuition: \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

**\*\*Please attach your household's completed 1040 Federal Income Tax Form for the prior year.\*\***

"I attest that the above information is accurate, to the best of my knowledge." Please sign below if you agree with this statement.

Father: \_\_\_\_\_ Date: \_\_\_\_\_ Mother: \_\_\_\_\_ Date: \_\_\_\_\_