2015-2016

Financial Aid Application



[www.McMinnvilleChristianAcademy.org](http://www.McMinnvilleChristianAcademy.org)

(503)472-6076

**Application Instructions**

* Please complete the attached forms (Household Information & Income/Expense worksheet).
* Attach a copy of your Federal Tax Return from last year. (NOTE: your application will not be processed without this information.)
* Attach a letter explaining why you would like your child(ren) to attend McMinnville Christian Academy.

**Household Information**

**Parent or Guardian 1:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_)\_\_\_\_-\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_)\_\_\_\_-\_\_\_\_\_\_\_

Marital Status: Single Married Divorced Separated

Are you paying/receiving child support? Yes No If yes, amount $ per month

Are you disabled? (Explain)

Do you serve as a full time minister? or missionary?

How many dependents do you have living in your household?

**Parent or Guardian 2:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_)\_\_\_\_-\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_)\_\_\_\_-\_\_\_\_\_\_

Marital Status: Married Divorced Separated

Are you paying/receiving child support? Yes No If yes, amount $ per month

Are you disabled? (Explain)

Do you serve as a full time minister? or missionary?

How many dependents do you have living in your household?

**Signature**

**I am applying for Financial Aid from McMinnville Christian Academy. I agree to notify McMinnville Christian Academy in the event that I have a change in income.**

**Signed: Date:**

**Signed: Date:**

**Income/Expense Worksheet**

**School Year:**

**Income (list all MONTHLY income) Expenses (list all MONTHLY expenses)**

Gross monthly income $ Rent/Mortgage $

Spouse’s gross monthly income $ Vehicle Payments $

Other monthly income for all

Adults over the age of 18 $ Utilities $

Child Support (if receiving) $ Phone Service $

Social Security/Disability (if receiving) $ Child Care $

Welfare (if receiving) $ Food $

Aid to Dependent Children (if receiving) $ Credit Cards $

Food Stamps (if receiving) $ Medical $

Unemployment (if receiving) $ Child Support $

Alimony (if receiving) $ Insurance $

Pension/Retirement (if receiving) $ Other (please explain) $

Housing Assistance (if receiving) $

Other (please explain) $

**TOTAL MONTHLY INCOME $ TOTAL MONTHLY EXPENSES $**