

**FINANCIAL AID APPLICATION  
SCHOOL YEAR 2011 2012**

**HOLLY GROVE CHRISTIAN SCHOOL  
7317 Mennonite Church Road  
Westover, MD 21871  
410-957-0222**

**INTRODUCTION**

A limited amount of money is set aside every year to assist families unable to meet tuition payments. The amount of the financial aid provided is based on the need of the applicants. The aid is for students in Pre K through twelfth grade. This budgeted amount is established by faith. We believe God's people will contribute money to help others.

Applications are available March 1. **The deadline for application is April 15<sup>th</sup>. A determination of financial aid will be made by June 1<sup>st</sup>.**

You must re-apply for financial aid every year. All information submitted will be held strictly confidential.

**GUIDELINES**

1. Complete financial disclosure is necessary so that we can properly evaluate the request and offer recommendations.
2. **Incomplete applications will be returned. Every part of the application must be answered and requested documents attached.**
3. In some instances additional information may be requested to verify information submitted in the application.
4. Upon receipt of a financial aid application, the school administrator will prepare a consideration packet for the financial committee to consider.

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**Family Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Marital Status** \_\_\_\_\_  
**Number of Children Living At Home** \_\_\_\_\_

Office use : rec'd. _____
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**Statement of Income**

\_\_\_\_\_ Adjusted Gross Income as reported on your 2010 Federal income tax return. **Attach a signed copy of your 2010 tax return AND a copy of last 2 pay stubs. If you are not required to file a tax return attach copies of your last 2 months checking account bank statements and copies of last 2 pay stubs.**

\_\_\_\_\_ Other non-taxable income that does not appear on your Federal income tax return. (child support, alimony, social security)

\_\_\_\_\_ Total all sources of income for last year.

\_\_\_\_\_ Anticipated increase (or decrease) of income. Please indicate a decrease by parenthesis signs.

\_\_\_\_\_ Anticipated income for the 11/12 school year. Explain changes.

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

**Statement of Possessions**

\_\_\_\_\_ Estimated value of checking accounts, savings accounts and other financial property such as stocks and bonds, retirement accounts.

\_\_\_\_\_ Estimated value of property that could be used as collateral, such as land, homes, cars, jewelry, etc.

\_\_\_\_\_ Subtract obligations already held against your possessions, such as mortgages on homes and other loans.

\_\_\_\_\_ Total net worth

\_\_\_\_\_ Total **monthly income** (take home pay, child support, social security etc)

**MONTHLY EXPENSES**

\_\_\_\_\_ Tithes and other giving

\_\_\_\_\_ Savings

\_\_\_\_\_ House payment or rent.

\_\_\_\_\_ Utilities

\_\_\_\_\_ Food

\_\_\_\_\_ Clothing

\_\_\_\_\_ Medical and dental

\_\_\_\_\_ Transportation/ Auto expense including car payments and insurance.

\_\_\_\_\_ Insurance/ Including life and medical (if not withheld from pay).

\_\_\_\_\_ Other loan and /credit card payments (other than home and car)

\_\_\_\_\_ Entertainment/Including gifts, recreation, vacations.

\_\_\_\_\_ Other (please list) \_\_\_\_\_

\_\_\_\_\_ Total anticipated monthly expenses

\_\_\_\_\_ Monthly surplus or deficit

\_\_\_\_\_ Amount of annual financial aid requested.

We hereby declare that the information given in this financial aid application is accurate and complete, to the best of our ability.

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Father

Mother

Date