

**FINANCIAL AID APPLICATION  
HOLLY GROVE CHRISTIAN SCHOOL  
7317 Mennonite Church Road  
Westover, MD 21871  
410-957-0222  
SCHOOL YEAR 2017/ 2018**

## **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 12<sup>th</sup>. 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 business manager will prepare a consideration packet for the financial committee to review.

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**Family Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Marital Status** \_\_\_\_\_  
**Number of Children Living At Home** \_\_\_\_\_  
**Number of students attending HGCS** \_\_\_\_\_ **How many years at HGCS?** \_\_\_\_\_

Office use : rec'd. \_\_\_\_\_

**Statement of Income**

\_\_\_\_\_ Adjusted Gross Income as reported on your 2016 Federal tax return.  
**Attach a signed copy of your 2016 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. If you do not have a checking account and don't file a tax return attach documentation of income you receive from agencies/parents. YOU MUST DOCUMENT YOUR INCOME or benefits you receive.**

\_\_\_\_\_ ALL Other income that **does not** appear on your Federal income tax return. (child support, alimony, social security, disability, gifts, )

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

\_\_\_\_\_ Anticipated increase (or decrease) of income.

\_\_\_\_\_ Anticipated income for the 17/18 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** loans already held against your property.  
= \_\_\_\_\_ **Total net worth**

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\_\$ \_\_\_\_\_ Total **monthly income** (take home pay, child support, social security, disability, welfare payments including food stamps, unemployment, retirement **list ALL sources**)

**MONTHLY EXPENSES (DO NOT include Holly Grove Tuition)**

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

\_\_\_\_\_ Savings

\_\_\_\_\_ Rent or house payment/ include home equity loan payments.

\_\_\_\_\_ Utilities

\_\_\_\_\_ Food

\_\_\_\_\_ Clothing

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

\_\_\_\_\_ Auto expense & car insurance (Excluding car payments)

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

\_\_\_\_\_ Loan and /credit card payments ( include car exclude home)

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

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

\_\$ \_\_\_\_\_ **Total anticipated monthly expenses**

\_\$ \_\_\_\_\_ Monthly surplus or deficit (income minus expense)

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

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Find your household size and the **annual gross (before deductions) income from all sources** listed beside it on the chart:

HOUSEHOLD SIZE	ANNUAL GROSS INCOME
ONE	\$ 21,978
TWO	\$ 29,637
THREE	\$ 37,296
FOUR	\$ 44,955
FIVE	\$ 52,614
SIX	\$ 60,273
SEVEN	\$ 67,951
EIGHT	\$ 75,647

For each additional HOUSEHOLD member, add \$ 7,696. (This may be a foster child, an emancipated youth or a special education child over age 18.)

1. Is your annual gross income less than this amount? Yes \_\_\_ No \_\_\_
2. Is your family eligible to receive food stamps? Yes \_\_\_ No \_\_\_

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