

HARMONY CHRISTIAN SCHOOL
1790 ROUTE 211E
MIDDLETOWN, NY 10941
(845) 692-5353

FINANCIAL AID APPLICATION FOR THE 2016-2017 SCHOOL YEAR

APPLICANT: Please complete ALL the information requested on this form. You may attach additional information you feel may be helpful. Please type or neatly print your answers.

PARENTS:

Father _____

Phone _____

Address

Mother _____

Phone _____

Address

CHILDREN NEEDING FINANCIAL ASSISTANCE:

Name	Current School Attending	Current Grade
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OTHER DEPENDENTS LIVING WITH YOU:

REASON FOR FINANCIAL AID REQUEST: List any unusual circumstances that would limit your ability to pay established tuition payments.

SPECIFIC MONTHLY AMOUNT YOU FEEL YOU CAN AFFORD TO PAY \$ _____
(Financial aid is based on a **twelve month payment plan** unless otherwise noted)

Church where you attend _____

Pastor's Name _____

Have you requested assistance from your church? _____ If not, why not? _____

If so, what was the response? _____

Have you asked family for help? If not, why not? _____

If so, what was the response? _____

EMPLOYMENT/INCOME INFORMATION: Please attach a copy of your 2015 Federal Income Tax Return (or Business Return if self-employed). **REQUESTS FOR ASSISTANCE WILL NOT BE CONSIDERED WITHOUT THIS INFORMATION.**

Husband: Describe type of work you do _____

Employer _____

Phone _____

Address _____

Reference Contact Person _____

Gross monthly income _____

Other income sources _____

Wife: Describe type of work you do _____

Employer _____ Phone _____

Address _____

Reference Contact Person _____

Gross monthly income _____

Other income sources _____

Husband/Wife: List ways you could help out at the school during the school year.

The information on this form is accurate, and I/we give permission for the school board and/or administrator of Harmony Christian School to contact any references given. I/we understand that any false information given on this form will result in immediate denial of any financial assistance.

Husband's Signature

Date

Wife's Signature

Date