

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

FINANCIAL AID APPLICATION FOR THE 2021-22 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 2020 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 \_\_\_\_\_

**THERE IS A REQUIREMENT OF 15 VOLUNTEER HOURS PER FAMILY OVER THE  
COURSE OF THE SCHOOL YEAR. BY SIGNING THIS APPLICATION, I/WE AGREE TO  
AN ADDITIONAL 15 VOLUNTEER HOURS IN THE FOLLOWING AREAS FOR THE  
2021-22 SCHOOL YEAR:  
2.5 HOURS FOR EACH FISH FRY, FALL AND SPRING  
3.0 HOURS FOR THE HARVEST FESTIVAL**

**IF YOU FAIL TO FULFILL THE REQUIRED VOLUNTEER HOURS, THEN YOU  
POTENTIALLY ARE AT RISK OF LOSING YOUR FINANCIAL AID. Please contact the  
school office for any questions regarding this requirement.**

By accepting financial from HCS, I/we agree to be available to volunteer at the school in the  
following ways: \_\_\_\_\_.

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