

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

FINANCIAL AID APPLICATION FOR THE 2022-23 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 2021 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 2022-23 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