



# Brilliant Child Christian Academy

## APPLICATION FOR FINANCIAL ASSISTANCE

(Please answer ALL questions. Incomplete applications will not be considered)

Date: \_\_\_\_\_

### PART I

Child's Name(s): \_\_\_\_\_ Sex: \_\_\_\_\_ 2022-23 Grade: \_\_\_\_\_

\_\_\_\_\_ Sex: \_\_\_\_\_ 2022-23 Grade: \_\_\_\_\_

\_\_\_\_\_ Sex: \_\_\_\_\_ 2022-23 Grade: \_\_\_\_\_

\_\_\_\_\_ Sex: \_\_\_\_\_ 2022-23 Grade: \_\_\_\_\_

The children listed above are re-enrolled for 2022-23 school year: ( ) YES ( ) NO

1. Parent/Guardian Name(s): \_\_\_\_\_

Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Relationship to Child/(ren): \_\_\_\_\_

2. Parent/Guardian Name(s): \_\_\_\_\_

Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Relationship to Child/(ren): \_\_\_\_\_

What is your marital status? (Please check one)

( ) Married-living with husband/wife

( ) Widowed

( ) Never married

( ) Separated

( ) Divorced

( ) Other: \_\_\_\_\_

Child (ren) resides with:

( ) Both Parent

( ) Mother

( ) Father

( ) Other: \_\_\_\_\_

Child's Street Address (including zip):

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If parents are separated, please provide the address noncustodial parent:

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Do you receive child support, if so please list the amount \$\_\_\_\_\_ per month.

A court order has ( ) has not ( ) been issued for the support of my child (ren).

Religious Denomination: \_\_\_\_\_

Church Membership (Name of Church): \_\_\_\_\_

**PART II/MEMBERS OF MY HOUSEHOLD:**

FIRST	M.I.	LAST	AGE	RELATIONSHIP TO CHILD (i.e.: mother/father/sister)

If other than parents, who has supported the child (ren) prior to this application?

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**PART III/INCOME & OCCUPATIONAL INFORMATION**

Parent/Guardian Name: \_\_\_\_\_

Please circle the appropriate answer:

Are you employed? ( ) YES ( ) NO Full Time Part-Time

If part-time, list number of work hours per week: \_\_\_\_\_

How often are you paid? Weekly Bi-Monthly Monthly Other \_\_\_\_\_

If hourly, what is your hourly rate? \_\_\_\_\_/hr.

How much is your gross income per pay period? \_\_\_\_\_

DATES (from/to)	COMPANY NAME	ADDRESS	FULL/PART TIME

**PART III/INCOME & OCCUPATIONAL INFORMATION CONTINUED**

If married, is your spouse employed? ( ) YES ( ) NO

Spouse Name: \_\_\_\_\_

If yes, list name and address of employer: \_\_\_\_\_

Is this employment full or part time: ( ) YES ( ) NO

If part-time, list number of hours worked weekly: \_\_\_\_\_

How often are you paid? Weekly Bi-Monthly Monthly Other \_\_\_\_\_

If hourly, what is your hourly rate? \_\_\_\_\_/hr.

How much is your gross income per pay period? \_\_\_\_\_

Please list all employment for the last 3 years:

DATES (from/to)	COMPANY NAME	ADDRESS	FULL/PART TIME

PLEASE PRINT "N/A" FOR AREAS THAT ARE NOT APPLICABLE TO YOUR HOUSEHOLD

SOURCE	AMOUNT PER MONTH	SOURCE	AMOUNT PER MONTH
Wages, Gross (same as Part III)	\$	Financial Support from Relatives	\$
Alimony/Child support	\$	Workers Compensation	\$
Spouse's Social Security Benefits	\$	Lodges & Union	\$
Applicant's Social Security Benefits	\$	Unemployment Benefits	\$
Veteran's Benefits	\$	Aid to Dependent	\$
Income from Rental Properties	\$	Food Stamps	\$
Housing Authority Rent Support	\$	Other	\$

**IV. PERSONAL PROPERTY**

PLEASE PRINT N/A FOR AREAS THAT ARE NOT APPLICABLE TO YOUR HOUSEHOLD

KIND	VALUE	KIND	VALUE	KIND	VALUE
Bank Accounts	\$	Automobile	\$	Gov't Bonds	\$
Savings	\$	Mortgages	\$	Stocks & Bonds	\$
Other	\$	Other	\$	Other	\$

**V. REAL STATE**

Do you or your spouse own real estate property other than your personal residence?

YES ( ) NO ( )

If yes, describe property and value:

PROPERTY	VALUE

Please list any income sources not listed above:

**VI. ADDITIONAL INCOME SOURCES AND DEBTS:**

AMOUNT PER MONTH:

Trust Fund \_\_\_\_\_

Grandparents/Other Relatives \_\_\_\_\_

Other Sources \_\_\_\_\_

(Describe source): \_\_\_\_\_

**CURRENT TOTAL MONTHLY INCOME: \$** \_\_\_\_\_

(PLEASE INCLUDE ALL THE SOURCES OF INCOME LISTED)



I have read the above Application for Financial Aid, and declare that to the best of my knowledge and belief that the information supplied in this application and all accompanying statements or documents are true and correct, and that it is a complete statement of all income, assets, or resources belonging to me/any member of my immediate family.

I agree to notify Brilliant Child Christian Academy of any changes in financial need, resources listed herein, or of any new or additional income or resources.

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Signature of Parent/Guardian

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Date

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Signature of Parent/Guardian

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Date

***PLEASE ENCLOSE A COPY OF YOUR 2021  
FEDERAL TAX RETURN***

BRILLIANT CHILD CHRISTIAN ACADEMY ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL, AND ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT THE SCHOOL. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL AND ETHNIC ORIGIN IN ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSIONS POLICIES, SCHOLARSHIP, LOAN PROGRAMS, ATHLETIC AND OTHER SCHOOL ADMINISTERED PROGRAMS.