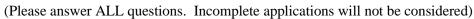
# Brilliant Child Christian Academy APPLICATION FOR FINANCIAL ASSISTANCE







Date:		
PART I Child's Name(s):	Sex:	<b>2022-23</b> Grade:
	Sex:	<b>2022-23</b> Grade:
	Sex:	<b>2022-23</b> Grade:
	Sex:	<b>2022-23</b> Grade:
The children listed above are re-enrolled for 2022-23 scho	ool year: ( ) YES	( ) NO
1. Parent/Guardian Name(s):		
Social Security #:/ Relation	onship to Child/(ren):	
2. Parent/Guardian Name(s):		
Social Security #:/ Relatio	onship to Child/(ren):	
What is your marital status? (Please check one)		
( ) Married-living with husband/wife ( ) Widow ( ) Never married ( ) Separat ( ) Divorced ( ) Other:		
Child (ren) resides with:		
( ) Both Parent ( ) Mother ( ) Father ( )	Other:	
Child's Street Address (including zip):		
If parents are separated, please provide the address noncustoe	dial parent:	
Do you receive child support, if so please list the amount \$	per month.	
A court order has ( ) has not ( ) been issued for the supp	port of my child (ren).	
Religious Denomination:		
Church Membership (Name of Church):		

## PART II/MEMBERS OF MY HOUSEHOLD:

FIRST	M.I.	LAST	AGE	RELATIONSHIP TO C (i.e.: mother/father/siste	
_				+	
				+	
If other than parents, who has s	upported	the child (ren) prior to	this application?		
PART III/INCOME & OCCU	U <b>PATIO</b>	NAL INFORMATIO	N		
Parent/Guardian Name:					
Please circle the appropriate an	swer:				
Are you employed? ( ) YE	S	( ) NO	Full Time	Part-Time	
If part-time, list number of wor	k hours p	er week:			
How often are you paid?	Weekly	Bi-Monthly	Monthly	Other	-
If hourly, what is your hourly r	ate?	/hr.			
How much is your gross incom	ie per pay	period?			
DATES (from/to)	CO	MPANY NAME	ADDRE	SS FULL/PA	ART TIME
			•	•	

## PART III/INCOME & OCCUPATIONAL INFORMATION CONTINUED

If married, is your spouse empl	oyed? ( ) 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 hou	rs worked weekly:		
How often are you paid?	Weekly Bi-Monthly	Monthly Other	
If hourly, what is your hourly ra	ate?/hr.		
How much is your gross incom	e per pay period?		
Please list all employment for t	he 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		Financial Support from	
III)	\$	Relatives	\$
Alimony/Child over out	¢.	Washana Cammanastian	¢
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	\$

Savings	\$	Mortgages	\$	Stocks & Bonds	\$
Other	\$	Other	\$	Other	\$
V. REAL STATE					
Do you or your spou	se own real estate pro	operty other than you	r personal residence?		
YES ( ) NO (	)				
If yes, describe prope	erty and value:				
PROPERTY			VALUE		_
Please list any incom	ne sources not listed a	bove:	I		
VI. ADDITIONAL	INCOME SOURCE	ES AND DEBTS:			
	A	AMOUNT PER MON	NTH:		
Trust Fund	-				
Grandparents/Other	Relatives _				
Other Sources	-				
(Describe source):	-				

CURRENT TOTAL MONTHLY INCOME: \$\_\_\_\_\_\_ (PLEASE INCLUDE ALL THE SOURCES OF INCOME LISTED)

# VII. CURRENT MONTHLY EXPENSES Rent/Mortgage: Gas: Utilities: Car: Tuition: Food: \_\_\_\_ Credit Card(s): Extended Care/ Medical: Child Care Expenses: **TOTAL:** Other Large Debts: **CURRENT TOTAL MONTHLY INCOME: \$** (PLEASE INCLUDE ALL SOURCES OF INCOME LISTED) CURRENT TOTAL MONTHLY EXPENSES: \$\_\_\_\_\_ REMAINING INCOME AFTER EXPENSES: \$\_\_\_\_\_ ADDITIONAL COMMENTS (Please be specific regarding areas of consideration that may be applicable to your individual needs).

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 chang additional income or resources.	ges in financial need, resources listed herein, or of any new or			
Signature of Parent/Guardian	Date			
Signature of Parent/Guardian	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.