



2019-20 APPLICATION FOR FINANCIAL ASSISTANCE

THIS APPLICATION FOR ASSISTANCE MUST BE RE-APPLIED FOR EACH YEAR

Please understand that Cross Lanes Christian School wants all qualified students to be able to attend a Christian School. We must be fair to every family with need. With this in mind, we ask you to help us by filling out this form completely. The information contained here will be kept confidential within the School Board.

Please note: the amount granted is contingent on several factors: availability of funds, stipulations of the donor, and family need. You will be notified in writing after this request has been reviewed.

Upon completion of the Financial Assistance Worksheet, please complete the following, submit to the Administrator along with required documentation within 2 weeks.

Please Print:

Parent's/Guardians' names _____

Address _____

Phone number _____ email: _____

Father's

Mother's

Employment: _____ Employment: _____

Position: _____ Phone: _____ Position: _____ Phone: _____

Children presently enrolled in Cross Lanes Christian School or any other private or public school.

<u>Name</u>	<u>Age</u>	<u>School</u>	<u>Yearly Tuition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all of your family's income during the past taxable year. Include all sources.

<u>Type</u>	<u>Amount</u>
Salaries	_____
Unemployment	_____
Social Security	_____
Welfare	_____
Other: Description _____	_____
Total:	_____

Other government /private non-monetary assistance (food stamps, rental assistance, utility assistance)

<u>Type</u>	<u>Amount/Value</u>
_____	_____
_____	_____
_____	_____

Number of Federal tax exemptions you claim at present: _____

<u>Type</u>	<u>Number</u>
Self	_____
Wife	_____
Children	_____
Other	_____

Estimated income during **present tax year**:

<u>Sources</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
Total:	_____

Please describe your occupation and extra work you may do for income (both parents):

Family expenses: please complete if applicable (write NA if non-applicable)

Monthly home mortgage/rent	_____	Total balance due	_____
Monthly auto payment	_____	Total balance due	_____
Monthly average power bill	_____		
Monthly phone bill (landline + cell)	_____		
Monthly cable/satellite/TV bill	_____		
Monthly water bill	_____		
Monthly Sewerage	_____		
Other _____	_____	per	_____

Other outstanding expenses/debts (Please itemize personal loans, student loans, internet, credit cards, alimony, child support):

<u>Description of debt/expense</u>	<u>Monthly cost</u>	<u>Total outstanding</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE INCLUDE A COPY OF YOUR LAST YEAR'S INCOME TAX RETURN 1040/1040A WITH ALL SCHEDULES

Please determine the amount of tuition you can afford to pay on a monthly basis:

\$ _____ per month, 12 months a year

Are you eligible for the WV In Lieu of transportation refund? Yes No