

The Lighthouse Christian Academy Financial Aid Form

Section 1: Parent(s)/Guardian(s) (Applicant/Co-Applicant) Information

Name: _____ Current Marital Status: _____
Employment Status: _____ Relationship to Student(s): _____
Occupation: _____ Employer: _____

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Section 2: Income

Supporting documentation may be requested

Size of household: Adults: _____ Children: _____

Adjusted Gross Income from most recent tax return: _____ Paycheck amounts last two months: _____

Adjusted Gross Income from most recent tax return (if co-applicant files separately): _____ Paycheck amount last mo: _____

Does applicant or co-applicant receive any of the following? Child support, Social security benefits not taxed (SSI), Temporary Assistance for Needy Families (TANF), Welfare and/or Aid for Families with Dependent Children (AFDC/ADC), Food Stamps, Tuition support from friends/relatives/employer Workers' Compensation, Other nontaxable income (housing allowance, foster care allowance, VA benefits, etc)

Yes/No: _____ Total amount received: _____ Frequency received: _____

Does applicant or co-applicant anticipate any change in income for the following year?

Yes/No: _____ Total estimated change: _____ Reason for change: _____

Section 3: Expenses

Supporting documentation may be requested

Monthly rent or mortgage (include principal, interest, taxes, and home insurance): _____

Do you own a second home? Yes/No: _____

Vehicle Information: Leased/Owned (Paid off or not)

Vehicle 1 Make/Model: _____ Year: _____ Monthly payment: _____

Vehicle 2 Make/Model: _____ Year: _____ Monthly payment: _____

Vehicle 3 Make/Model: _____ Year: _____ Monthly payment: _____

Total credit card debt: _____ Total minimum monthly payments on credit cards: _____

Total other monthly loan payments: _____ Total monthly medical expenses: _____

TOTAL MONTHLY EXPENSES: _____

List significant annual expenses not reflected above:

Expense: _____ Amount: _____

Expense: _____ Amount: _____

Expense: _____ Amount: _____

Section 4: Assets & Liabilities

Value of cash, savings, and/or checking accounts: _____

Value of stock, bond investments, mutual funds, and/or certificates of deposit: _____

Value of retirement plan assets – 401(k), 403(b), and/or IRAs: _____

What is your and/or your spouse's annual contribution to retirement plan assets? _____

If you own your home, the amount you owe: _____

If you own your home, the estimated value: _____

We certify that, to the best of our knowledge, the above information is true and correct:

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

Office Use Only:

Child's Name: _____ How much can be contributed per month? _____

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Child's Name: _____ How much can be contributed per month? _____

Areas where applicant/co-applicant can contribute:

Availability: Daily: _____ Weekly: _____ Monthly: _____

Notes:

