

# The Lighthouse Christian School/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: \_\_\_\_\_

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

## Section 2: Income

*Supporting documentation may be requested*

Size of household: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Adjusted Gross Income from most recent tax return: \_\_\_\_\_

Adjusted Gross Income from most recent tax return (if co-applicant files separately): \_\_\_\_\_

*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 Dependant 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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Areas where applicant/co-applicant can contribute: \_\_\_\_\_

Availability: Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_