

PATH CHRISTIAN Academy

2018/2019 Financial Assistance/Benevolence Application

Please read the reverse before filling out Financial Assistance form

FAMILY NAME: _____ **CONTACT NO.** _____ **Email** _____

CCCS MONTHLY TUITION

Student Name	Grade	Scheduled Rates	Sibling Disc.	Tuition	Childcare
		1st Child Rate	None	\$	
		2nd Child Rate	15%	\$	
		3rd Child Rate	20%	\$	
		4+ Child Rate	30%	\$	
TOTAL MONTHLY PAYMENT				\$	

MONTHLY INCOME

	Net Income
Father's Name: _____ Employer: _____	\$
Mother's Name: _____ Employer: _____	\$
Other source of monthly ncome (child/spousal support, SSI, etc.)	\$
Financial Resources (savings & checking account) Current Balance: \$	
TOTAL MONTHLY INCOME	\$

MONTHLY EXPENSES

	Amount
HOUSING Own () Rent () Monthly payment	\$
CAR #1 Year/Make/Model: _____ Monthly payment	\$
CAR #2 Year/Make/Model: _____ Monthly payment	\$
AUTO INSURANCE: monthly cost breakdown Monthly payment	\$
AUTO EXPENSES: maintenance, fuel Monthly payment	\$
TUITION/CHILD CARE: what you are currently paying Monthly payment	\$
UTILITIES: Electric, Gas, Water, Trash, etc. Monthly Total	\$
TECH SERVICES: Cable/Internet Service/Telephone/Cell Monthly Total	\$
INSURANCES: Medical, Dental, Life, Home Monthly Total	\$
MEDICAL COSTS: outside medical insurance Monthly Total	\$
CREDIT CARDS: itemize on separate paper Monthly Total	\$
OTHER EXPENSES: use other sheet to explain Monthly Total	\$
TOTAL MONTHLY EXPENSES	\$

How much of your total monthly tuition do you think you can pay? \$ _____

Did you receive financial asst. last year? Y () N () If "YES" did you complete your assigned hours? _____
PLEASE NOTE: This benevolence is contingent to the completion of your previously assigned hours.

In what ways are you contributing to the ministry here at CCC /CCCS?

In what ways are you willing to contributing to the ministry here at CCC /CCCS?

I have read and understand the requirements outlined for financial assistance

X _____ X _____

Both Parent Signatures

Date :

