

REQUEST FOR TUITION ASSISTANCE – GRAMERCY CHRISTIAN SCHOOL

Please read this form carefully. Its purpose is to collect information needed by the Financial Aid Committee to evaluate your eligibility for tuition assistance. Tuition assistance should be requested within seven days of student registration by completing and returning this form to:

Gramercy Christian School
8170 Hwy. 70
Newport, NC 28570

Do not leave any blanks. Indicate "0" where applicable or N/A if not applicable. Please, use a pen and sign where indicated.

School Year _____ Date of Application _____

1. Student(s) lives with: (circle all that apply)	Father	Mother	Stepfather	Stepmother	Guardian
Name _____	Name _____				
Address _____	Address _____				
City, ZIP _____	City, Zip _____				
Home Phone _____	Home Phone _____				
Employer _____	Employer _____				

2. Student Tuition Information:

Name	Age	Grade Entering	Tuition
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Total tuition costs for _____ children	\$ _____
Total tuition before any discounts	\$ _____
Multiple student discount	\$ _____
2 students - \$500; 3students - \$1000	
FEBC Member discount (\$250 per student)	\$ _____
Total Tuition after discounts	\$ _____

Registration and Book/Activities Fees are not eligible for tuition assistance.

3. Parents' Gross Income: A copy of your last Federal Income Tax Return and a year-end Employers Earnings Statement (if provided) is required.

Application forms without a copy of your tax return will not be processed. Check here _____ if you did not file, and attach a separate sheet describing the reasons why.

a. Gross income (1040 line 22) form last Federal Tax return		
Father \$ _____	Mother \$ _____	\$ _____
b. Annual child support from: Name _____		\$ _____
c. Annual untaxed income form Welfare, AFDC, Social Security, Workman's Compensation, Disability, Veteran's Benefits, etc.		\$ _____
d. Annual interest from untaxed bonds and other income not included in gross income		\$ _____
e. Annual housing, food, or living allowance (military, clergy, or other)		\$ _____
If military, please list rank _____		
f. Annual gross income (total of a.-e. above)		\$ _____

4. Describe any significant changes from previous income or expenses that you foresee in the coming school year. Also, summarize any unusually high expenses anticipated such as medical, or other special circumstances. (Use separate sheet if needed.)

5. If student(s) will be receiving a scholarship, give amount and source. Tuition assistance granted will be based on the net GCS tuition.

Scholarship amount \$ _____ Source: _____

6. The amount of aid requested for the coming school year \$ _____ each month for ten months.

Parental Agreement

I/We agree to assume the responsibility for the entire tuition if our financial circumstances improve substantially.

I/We certify that the information provided above is accurate and complete to the best of my/our knowledge. If requested, I/we agree to provide any documentation necessary to verify the information reported.

Applicant's Signature

Date

Spouse's Signature (if applicable)

Attach a copy of last year's Federal Income Tax Return (1040 etc.) and your year-end Employer Earnings Statement (W-2). Include Schedule C if applicable and any other supporting documents.