

PLUMSTEAD CHRISTIAN SCHOOL

5765 Old Easton Road, P.O. Box 216
Plumsteadville, PA 18949-0216
215-766-8073-tel 215-766-2033-fax
mmiquel@plumsteadchristian.org

MARK W. MIQUEL, SR.
Director of Finance

Confidential Financial Assistance Application

FOR OFFICE USE ONLY:	No. of enrolling students _____
Date application received _____	Total tuition \$ _____
Received by _____	School contribution \$ _____
Date of committee review _____	Family contribution \$ _____
Assistance granted _____ Denied _____	Other contribution \$ _____
Date parents notified _____	Source? _____

Part I: Family Information

Please circle which family designation applies:

Father, stepfather, grandfather,
or male guardian's name _____

Mother, stepmother, grandmother,
or female guardian's name _____

Address _____
Street

City _____ State _____ Zip _____ () _____
Home Phone

Father: What is your current marital status? (Circle only one)

Single married separated divorced divorced/remarried spouse deceased

Mother: What is your current marital status? (Circle only one)

Single married separated divorced divorced/remarried spouse deceased

If separated or divorced, who has custody of the child(ren)? _____

Who is responsible for paying the monthly tuition? _____

Total size of family living at home, including student(s), during this school year:

Adults ___ Children ___

Number of children in college _____ Name of college(s) _____

Financial Assistance in college? _____ Total amount received last year _____

Are you new to this school? _____ If not, how many years have family members attended here? _____ Have you previously received Assistance at this school? _____

If so, how much? _____ For how long? _____

Name of student(s) for whom financial Assistance is requested:

_____ Entering grade _____ Monthly tuition \$ _____

_____ Entering grade _____ Monthly tuition \$ _____

_____ Entering grade _____ Monthly tuition \$ _____

Are you a member of a local church? _____ Active in a local church? _____

Name of church _____

How long have you attended? _____ How regularly do you attend? _____

In what church activities are you involved? _____

Is your pastor or church body aware of your financial need? _____

If yes, what was the result? _____

May we contact your pastor or a member of the pastoral staff to verify this information?

_____ Pastor's name _____

Name of a pastoral staff member who knows you _____

Church phone number (_____) _____

Is there an extended family member, grandparent, parent, or close relative who could help during this time of financial need? _____ If yes, has the person been contacted? _____

If yes, what was the result? _____

Part II: Employment Information

Father's place of employment _____

Address _____

Position _____ Phone number (_____) _____

Wife's place of employment _____

Address _____

Position _____ Phone number (_____) _____

Is either parent unemployed at this time? _____ If so, when do you expect to be recalled or find new work? _____

Is either parent disabled and unable to work? _____ If yes, please explain. _____

Part III: Financial Information

INSTRUCTIONS: When answering questions in Part III, please put **(a)** for actual or **(e)** for estimated after each monetary figure. Please put **N/A** on the blank if the question does not apply to you or your family. Please complete all answer lines or spaces; none should be left blank.

Monthly Income

	Father	Mother
Gross salary/wages/tips	_____	_____
Net salary/wages/tips	_____	_____
Personal business net income	_____	_____
Second job or part-time work net	_____	_____
Other monthly income		
Business		_____
Interest, dividends		_____
Social Security benefits		_____
Unemployment compensation		_____
Workers' compensation		_____
Government assistance		_____
Alimony		_____
Child support		_____
Disability benefits		_____
Other income _____		_____

Assets

Fair market value of home _____
 List and give fair market value of other real estate
 (business, farm, recreational, or land)

Equity

Balance in cash/checkbook/savings/CDs, etc. _____
 Current value of after-tax stocks/bonds/mutual funds _____
 Current value of pension or retirement plans _____

Cash value of life insurance _____

List year/make of automobiles owned or leased Total amount owed

1) _____ _____

2) _____ _____

3) _____ _____

Monthly Expenses

Please use your cost per year divided by 12 to reach your monthly figures.

Church giving	_____
Housing (mortgage or rent)	_____
All utilities	_____
Food/paper goods/cosmetics/clothing/household items	_____
Vehicle loan payments	_____
Recreational vehicle loan payments	_____
Vehicle expenses (gas, registration, maintenance)	_____
Unreimbursed medical/dental expenses	_____
All insurance payments (life, auto, property, etc.)	_____
Charitable giving	_____
Recreation/trips/fitness	_____
Hobbies/gifts/newspapers/magazines	_____
Cable/Internet/computer equipment	_____
Preschool/child care expenses	_____
Other educational expenses (do not include tuition costs at this school)	_____
Alimony/child support	_____
Income taxes (all federal/state/local)	_____
Savings/retirement plans	_____
Installment loans (specify)	_____
_____	_____
_____	_____
Other expenses	_____
_____	_____
_____	_____

Do you plan any major expenditure during the coming year? If so, what?

Do you foresee any significant change in your financial status during the coming year?
Indicate why there might be a change in income. (Include possible raises, bonuses, etc.)

Part IV: Additional Information

There are times when you may not be able to fully explain your situation by simply putting numbers in the spaces provided. Please use this space to further explain any special or unusual circumstances that the Financial Assistance Committee should be aware of when considering your application. You may attach additional sheets as necessary.

I/we understand that this is an application and does not guarantee a grant of financial Assistance.

I/we hereby authorize the school's Financial Assistance Committee to verify any and all information contained in this application and to make such additional inquiries as may be reasonably related to information supplied on this application form. I/we also agree that such information, along with this completed application with its attachments, shall remain the property of the school.

If the Lord supplies my/our family with increased income during the school year, I/we promise to notify the school so that the tuition Assistance can be lowered or discontinued and other families in need may benefit.

I/we understand that the school reserves the right to suspend or terminate the financial Assistance program at any time with written notification to those recipients who violate or misuse the privileges or policies of the program. The program may also be suspended or terminated at the end of any grading period in the event of a school financial emergency or the depletion of financial Assistance funds.

I/we hereby signify that the information contained herein is true and correct to the best of my/our knowledge and that without this financial Assistance I/we could not send our child(ren) to this school.

Signed _____
Father's full name

Mother's full name

Note: Both signatures are necessary unless parents are divorced.

Date _____

INSTRUCTIONS: (1) Attach a *copy* of your most recent IRS Form 1040, 1040A, or 1040EZ and its attachments. (2) Attach *copies* of paycheck stubs from your most recent pay period from each employer. (3) Be sure to keep a copy of this form and its attachments for your personal records since the application packet becomes the property of the school and is not returned.

This application will not be processed without the IRS information, pay stubs, and all blanks filled in.