



Family Christian Academy
925 Industrial Drive
Old Hickory, TN 37138
615.847.3999 Phone
615-847-2217 Fax

For office use only
Applicant Name _____
Date Received _____

Dear Financial Aid Applicant,

Family Christian Academy desires Christian education to be affordable for all. We understand this is not always possible, and you may find you need financial assistance.

We are striving to make the application process user-friendly and ask you to complete the following checklist of required application paperwork. **Please note that applications not completely filled out and/or turned in without the required paperwork will be returned to the applicant for completion. Application deadline is June 1st for first round awards. Please include the following in your application packet:**

- ✓ This cover letter with your initials in each space below showing you have read and understand this letter;
- ✓ Student financial aid request form;
- ✓ Tax return for most recent year;
- ✓ Letter of recommendation from your church for school financial assistance;
- ✓ Extenuating Circumstances Letter (if you have special considerations you would like the Financial Aid Committee to consider (i.e., medical issues, etc.);
- ✓ Completed Enrollment Application

Each request for assistance is carefully considered and any award is based on the applicant's need relative to the income/hardship circumstances of other families requesting assistance from a limited financial aid fund. Accordingly, some families may not receive an award in the amount they requested. Applicants are invited to apply for reconsideration by submitting an explanation of any hardship factors that were not included in their original application.

If you have any questions, please contact the Family Christian Academy office at 615-847-3999.

The Financial Aid Committee

Family Christian Academy Financial Aid Policy

1. Requests for financial assistance are confidential and will be reviewed only by the school's Financial Aid Committee.
2. Financial aid eligibility is determined by demonstrated need. Students enrolling for the first time will be considered if openings are available for their grade.
3. Applicant must pay any outstanding tuition balance in full in order for a new financial aid application to be considered.
4. Families receiving financial aid must keep current with their monthly payments.
5. Students receiving financial aid are expected to exhibit behavior consistent with the student handbook, both in and out of school.
6. Students are required to maintain at least a minimum grade point average of 3.0 and maintain required attendance records for continuation of the financial aid from one semester to the next.
7. In most cases of a divorce with joint custody, the assets of both parents will be considered in the committee's review. If the custodial parent has remarried, stepparents will be included in the committee's review.
8. If the student withdraws or is expelled from school during the year, all unused portions of the aid shall be retained by the Financial Aid Fund.
9. A letter of recommendation from your church for school financial aid must be submitted with your application.
10. Financial aid is not automatically renewable for a new school year. **Families must reapply each school year.**

Tuition Assistance Applications can be requested from the school office. A copy of your current 1040 Tax Return must accompany your application. Applications are due by June 1st for first round awards.

For School Year 20____ - 20____

Family Christian Academy Student Financial Aid Request Form

This application for Student Financial Aid will be given prayerful consideration by the Finance committee. The information you supply will be kept in strictest confidence. **Please attach a copy of your previous year's 1040 Tax Return to this application.**

Family's Last Name _____ Home Phone _____

Address _____

Husband's First Name _____ Wife's First Name _____

Employer _____ Phone _____ Employer _____ Phone _____

Number of Children in Household: _____ Number of Children Attending FCA: _____

Church Affiliation: _____

Taxable Income (yearly)	This Calendar Year	Estimated Next Calendar Year
Total Salary (husband)	\$ _____	\$ _____
Total Salary (wife)	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Total Taxable Income	\$ _____	\$ _____

Nontaxable Income

Soc. Sec. Benefits	\$ _____	\$ _____
Other (<i>child support welfare, alimony etc.</i>)	\$ _____	\$ _____
Total nontaxable income	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

Current Monthly Expenses

Monthly rent/house payment	\$ _____	\$ _____
Vehicle payment	\$ _____	\$ _____
Utilities (exclude phone)	\$ _____	\$ _____
Credit card	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
<i>Attach list if additional space is needed</i>		
Total Expenses	\$ _____	\$ _____

Student Financial Aid Is Requested For:

Name	Grade	Name	Grade
1. _____		3. _____	
2. _____		4. _____	

Full Tuition for my child(ren), excluding registration, totals \$ _____ Of this amount, I can pay \$ _____
(all amounts **must** be filled in before committee can consider request)

Father's Signature Date

Mother's Signature Date

