



## Financial Aid Application Forms

Dear Parent:

In Deuteronomy 6 we read that God places the responsibility for the education of the children with the parents. HCS views itself as an aid to the family in providing Christian education. We realize that there are families who are committed to Christian education but who do not have the resources to pay the full tuition cost. We provide a limited financial aid program to assist those families who are committed to the body of Christ (local church) and have sacrificed to make Christian education a priority in their daily living. These are families who have simplified their life style by purchasing only needed items, selling personal assets, etc., and are still unable to pay the total tuition costs.

The following procedures will be followed in granting financial aid:

- Parent(s) will submit an application for aid to the HCS office by the first Friday of April for priority consideration. Applications received after the first Friday in April will be processed as received if funds are available. The Financial Aid process takes 3-6 weeks. HCS grants aid to the household where the adult parent/guardian and the child spends the majority of his/her time.
- Requests for aid will not be considered for past due accounts. If your account is not current, you need to make arrangements with the School Board Treasurer to clear your account before requesting aid for the coming year.
- When a family is approved for financial aid, notice is sent by mail. The parent is to sign the acceptance letter and return it to the school by the specified due date. Financial aid will be granted for future tuition only, no financial aid is available for past due tuition. Financial aid will be terminated should the student's account become more than thirty days delinquent. If financial aid is not available and the child is consequently unable to attend HCS, all registration fees over \$75.00 will be refunded.
- Fill out the attached application in its entirety, giving particular attention to your estimate of "aid requested". Attach a copy of your 1040 Federal Tax return from the most current year. An accompanying note may be attached to outline emergencies or special financial situations that are not explained on the application. This information will be treated as confidential and shared only with the HCS Board and Administration as they consider your request.
- As a general guideline new scholarships are not awarded for more than 20% of tuition.
- All applications will be processed by the Financial Aid Committee which consists of the HCS Board Chairman, Treasurer and a third Board member selected by the Board. The Financial Aid Committee will then send their recommendations to the full HCS Board.
- The HCS Board will award financial aid based on the recommendations of the Principal, Administrator and Financial Aid Committee.

# Financial Aid Application Forms

Date: \_\_\_\_\_

*Note: The following information will be used in evaluating your request for financial aid. All information will be kept confidential. Please complete all information and provide a copy of the first two pages of your latest tax form 1040 or 1040A (please black out your SSN's).*

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Number in household (including parents): \_\_\_\_\_ Number of children in College: \_\_\_\_\_

Please list child(ren) enrolled in HCS for whom you are requesting financial aid.

<u>Student Name</u>	<u>Grade</u>	<u>Yrs. at HCS</u>	<u>Full Year Tuition</u>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
Total Tuition			\$ _____
Financial Aid amount requested (\$ or %)			\$ _____

Full-time Christian ministry employees may be eligible for a Pastoral/Missionary discount.

Does the primary income earner qualify?  Yes  No

If Yes: Name of Ministry \_\_\_\_\_ Location/Type \_\_\_\_\_

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Primary source of income: (check one)  Salary  Hourly wage  Commission  Self-employed  
 Other \_\_\_\_\_

Is anyone outside the family helping pay HCS tuition on your child(ren)'s behalf?  Yes  No

If yes: Monthly amount: \$ \_\_\_\_\_ Length of Time paying: \_\_\_\_\_

Please indicate the length of time (years/semesters) you expect to need financial aid for your child(ren) while they attend HCS: \_\_\_\_\_

Along with the previous information, we will use the following information to help determine your ability to pay tuition.

### CURRENT MONTHLY INCOME:

Combined parents' income \$ \_\_\_\_\_

Alimony/child support received \$ \_\_\_\_\_

Rental income \$ \_\_\_\_\_

Other income \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

### CURRENT MONTHLY EXPENSES:

Tithe/charity \$ \_\_\_\_\_ Do not include routine living expenses food, utility, etc.)

Mortgage/rent \$ \_\_\_\_\_

Car payment \$ \_\_\_\_\_

Bank loans \$ \_\_\_\_\_

Credit Card payments \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Medical/dental \$ \_\_\_\_\_

Other payments \$ \_\_\_\_\_

College tuition  
(less scholarships/grants) \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

### ASSETS:

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**REAL ESTATE:**

Home equity (Value less mortgage)      \$ \_\_\_\_\_

Other real estate equity                      \$ \_\_\_\_\_

TOTAL REAL ESTATE EQUITY      \$ \_\_\_\_\_

**OTHER ASSETS:**

Checking account(s)                          \$ \_\_\_\_\_

Savings    \$ \_\_\_\_\_

\_\_\_\_\_    \$ \_\_\_\_\_

\_\_\_\_\_    \$ \_\_\_\_\_

TOTAL OTHER ASSETS                      \$ \_\_\_\_\_

TOTAL ASSETS                              \$ \_\_\_\_\_

**FINANCIAL OBLIGATIONS:**

	<u>Monthly Payment</u>	<u>Amount past due</u>	<u>Total owed</u>
<b><u>CREDIT CARDS/GENERAL LOANS:</u></b>			
Credit Cards	\$ _____	\$ _____	\$ _____
Store charge cards	\$ _____	\$ _____	\$ _____
Line of credit	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____

**INSTITUTIONAL LOANS:**

House	\$ _____	\$ _____	\$ _____
Car(s)	\$ _____	\$ _____	\$ _____
Boat/RV	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____

**MEDICAL/DENTAL PAYMENTS:**

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**TOTAL MONTHLY PAYMENTS      \$ \_\_\_\_\_**

## Financial Aid Application Forms

Please give a statement below as to why you are requesting financial aid and why you have chosen to have your child(ren) at HCS. List any significant changes to your household income or debt in the past year (changes in job status, health or other factors which impact monthly income or expenses).

Include any information that you want considered during the review for financial aid.