

HARMONY CHRISTIAN SCHOOL  
1790 ROUTE 211E  
MIDDLETOWN, NY 10941  
(845) 692-5353

FINANCIAL AID APPLICATION FOR THE 2017-18 SCHOOL YEAR

APPLICANT: Please complete ALL the information requested on this form. You may attach additional information you feel may be helpful. Please type or neatly print your answers.

PARENTS:

Father \_\_\_\_\_

Phone \_\_\_\_\_

Address

\_\_\_\_\_

Mother \_\_\_\_\_

Phone \_\_\_\_\_

Address

\_\_\_\_\_

CHILDREN NEEDING FINANCIAL ASSISTANCE:

Name	Current School Attending	Current Grade
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER DEPENDENTS LIVING WITH YOU:

\_\_\_\_\_

REASON FOR FINANCIAL AID REQUEST: List any unusual circumstances that would limit your ability to pay established tuition payments.

\_\_\_\_\_

\_\_\_\_\_

SPECIFIC MONTHLY AMOUNT YOU FEEL YOU CAN AFFORD TO PAY \$ \_\_\_\_\_  
(Financial aid is based on a **twelve month payment plan** unless otherwise noted)

Church where you attend \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Have you requested assistance from your church? \_\_\_\_\_ If not, why not? \_\_\_\_\_

If so, what was the response? \_\_\_\_\_

Have you asked family for help? If not, why not? \_\_\_\_\_

If so, what was the response? \_\_\_\_\_

**EMPLOYMENT/INCOME INFORMATION:** Please attach a copy of your 2016 Federal Income Tax Return (or Business Return if self-employed). **REQUESTS FOR ASSISTANCE WILL NOT BE CONSIDERED WITHOUT THIS INFORMATION.**

Husband: Describe type of work you do \_\_\_\_\_

Employer \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Reference Contact Person \_\_\_\_\_

Gross monthly income \_\_\_\_\_

Other income sources \_\_\_\_\_

Wife: Describe type of work you do \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Reference Contact Person \_\_\_\_\_

Gross monthly income \_\_\_\_\_

Other income sources \_\_\_\_\_

Husband/Wife: List ways you could help out at the school during the school year.

\_\_\_\_\_  
\_\_\_\_\_

The information on this form is accurate, and I/we give permission for the school board and/or administrator of Harmony Christian School to contact any references given. I/we understand that any false information given on this form will result in immediate denial of any financial assistance.

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Wife's Signature

\_\_\_\_\_  
Date