

PEN BAY CHRISTIAN SCHOOL

APPLICATION FOR FINANCIAL AID

Date: _____

The financial aid committee must receive this application no later than _____ for priority consideration. To avoid delay in processing, all items must be complete.

Person responsible for tuition _____

Mailing Address: _____

City: _____

State: _____ Zip _____

Home Phone: _____ Work Phone: _____

Social Security# _____

Employer Name and Address: _____

How long an employee: _____ Occupation/Job Title _____

STUDENT INFORMATION---Oldest to Youngest

Name: _____ Date of Birth: _____

Grade Entering: _____ Years Attended PBCS: _____

Name: _____ Date of Birth: _____

Grade Entering: _____ Years Attended PBCS: _____

Name: _____ Date of Birth: _____

Grade Entering: _____ Years Attended PBCS: _____

Other children in your family (not applying for PBCS)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

CHURCH INFORMATION

Name of Church You Attend: _____

FINANCIAL AID CLASSIFICATION

Missionary: _____ Full Time Ministry: _____ Single Parent: _____ Financial Hardship: _____
Other: _____ Please Explain: _____

Father's Last Name: _____ First Name: _____
Home Phone: _____ Work Phone: _____
Mailing Address: _____

Employer: _____ How Long: _____
Occupation: _____

Mother's Last Name: _____ First Name: _____
Home Phone: _____ Work Phone: _____
Mailing Address: _____

Employer: _____ How Long: _____
Occupation: _____

A current copy of 1040 form must accompany this application.

Do you receive financial assistance of any kind? Yes: _____ No: _____
If so, please explain: _____

What other sources of income or assistance have you tried: _____

PROPERTY AND INSURANCE

Assets	Current Value	Amount Owed
House: _____	_____	_____
Other Real Estate: _____	_____	_____
Business: _____	_____	_____
Auto Year/Make: _____	_____	_____
Auto Year/Make: _____	_____	_____
Life Insurance: _____	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
Total:	_____	_____

CASH AND SAVINGS ACCOUNTS

Name of Financial Institution	Current Balance
Checking: _____	_____
Savings: _____	_____
CD's: _____	_____
IRA: _____	_____
Stocks: _____	_____
Other: _____	_____
Total:	_____

ESTIMATED MONTHLY EXPENSES

	Amount
Mortgage or Rent	_____
Property Insurance and Taxes	_____
Automobiles (payment, fuel, maint.)	_____
Utilities	_____
Loans	_____
Credit Cards	_____
Food and Medical	_____
Tuitions and Fees	_____
Child Care	_____
Other	_____
Total:	_____

Do you have a monthly/yearly budget? Yes: _____ No: _____

Give any unusual circumstances affecting the financial status of your family that would help us to access your request for financial assistance for the coming year.

What is the **minimum** amount of monthly aid needed? _____

Please tell us the reasons why you feel Christian Education is important. _____

I certify that all the information included in this application is complete and accurate.

Signature of Father/Guardian: _____

Date: _____

Signature of Mother/Guardian: _____

Date: _____

Please be assured this information will be held in the strictest confidence.

A letter of recommendation from your Pastor would be appreciated.

Please send this form to:

Pen Bay Christian School
1 Waldo Avenue
Rockland, ME 04841
Attention: Financial Aid Committee

GUIDELINES:

An application must be completed in order to receive financial aid.

The Financial Aid Committee shall re-evaluate the financial needs of each application periodically. Applicants will be required to contact the Financial Aid Committee in the event of a change of their financial situation.

The Financial Aid Committee will meet with each applicant a part of the financial aid application process.

All applicants must keep their tuition accounts current in order to continue to receive financial aid.

FINANCIAL AID COMMITTEE
