

Application for Financial Aid

Applying for school term: _____

**Flint Hills Christian School
3905 Green Valley Road
Manhattan, KS 66502
(785) 776-2223**

Instructions:

Flint Hills Christian School provides a Financial Aid program in order that families interested in obtaining the Christ-centered educational services provided by FHCS will be able to do so regardless of financial condition, race, color, or national/ethnic origin. For those families which demonstrate that they do not have the financial resources necessary to completely defray their child(ren)'s tuition, FHCS will make every effort possible to provide sufficient financial aid according to its criteria and the amount of funds available.

To secure consideration for financial aid, the parents must comply with the following instructions:

1. File the proper application/reapplication for student admission with the proper fees by June 1st. If no grant is awarded, the registration fee may be refunded if requested within ten working days.
2. All financial aid requires the filing of this application with the office of FHCS. (All questions must be answered fully. Failure to do so will remove your application from consideration.)
3. You must attach a copy of your previous year's Federal Income Tax return (Form 1040 only).

All information in this application will be kept strictly confidential. All decisions concerning financial aid are made by the Financial Aid Committee authorized by the FHCS School Board. Financial aid is available to applicants regardless of race, color, or national/ethnic origin. A deliberate attempt to falsify information in this application will be deemed sufficient grounds for immediate dismissal of this application from consideration.

All financial aid applications must be received by the office no later than June 1st of the year for which you are applying. Applications received after this date may be excluded from consideration. Financial aid awards will be determined during the month of June.

Note: All information must be supplied in order for your application to be considered. Estimated amounts may be given if exact amounts are not known.

Applicant (name of parent/guardian applying)

LAST FIRST MIDDLE INITIAL

Home phone number Business Phone

Of what church are you a member? How long?

Do you contribute financially to the support of your church on a regular basis?

Please give the name(s) and grade(s) of your child(ren) who will be attending FHCS during the school term for which you are applying:

Do you have any school-age children attending a private school other than FHCS? Y N
Public school? Y N

Check any that apply:

- Mother or Father of student(s) deceased
- Parents of student(s) divorced
- Father of student(s) unable to work due to
- Mother of student(s) unable to work due to
- Father or Mother of student(s) delinquent in paying child support / alimony
- Parents of student(s) separated
- Student(s) has/have legal guardian

Father, Stepfather or Male Guardian

Mother, Stepmother or Female Guardian

Full Name
Home Address

Full Name
Home Address

Occupation
Title

Occupation
Title

Employed by
Full-time Part-time

Employed by
Full-time Part-time

Employer provides as a "fringe benefit" all or substantial portion of (check all that apply):

- Medical insurance for employee
- Medical insurance for dependents
- Social Security
- I.R.A.
- Retirement / Pension Plan

Total family automobile indebtedness (list make and year of all family cars below, including dependent children's automobiles, whether completely paid for or not):

Year	Make	Model
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any children attending college or university during this term? ___ Y ___ N
Name of school: _____ Total Tuition and Fees for the year \$ _____
Total scholarships and grants received for the school year \$ _____
Are you a full-time student at a theological seminary or Bible college? ___ Y ___ N

Your total household income from last year (Form 1040) \$ _____
Other income, subsidies, military allowances not reported on Form 1040 \$ _____
Total number of dependents residing in the home: _____
Total alimony or child support you will: receive this year \$ _____ pay this year: \$ _____
Amount you expect to receive from other parties (parents, churches, friends, etc.) to help you pay
FHCS tuition: \$ _____

If you own your own home, please answer the following:

Year Purchased	Total Purchase Price	Current Mortgage Balance
_____	\$ _____	\$ _____

Will your child(ren) definitely be unable to attend FHCS if financial aid is not available?
_____ Y ___ N

*** You must attach a copy of your last year's Federal Income Tax Return.**

**** On the back of this page, please explain any significant changes in your income during the past year and any additional information which you believe the Financial Aid Committee should have in order to adequately process your application.**

I attest that the above information is true and correct to the best of my knowledge.

Signature of Father or male guardian

Date

Signature of Mother or female guardian

Date

**** Please explain any significant changes in your income during the past year and any additional information which you believe the Financial Aid Committee should have in order to adequately process your application. If your income is sufficiently different now than as reflected on your tax forms, please include current pay stubs with your application.**

Other Comments: