UPPER COLUMBIA ACADEMY ELEMENTARY SCHOOL

Financial Aid Application for 2017-2018

(Give completed form to your Pastor/church treasurer, AND UCAES treasurer)

Financial aid awards are dependent upon supplying, as accurately as possible, all requested information.

Please attach a copy of your 2016 Federal Income Tax return and the completed budget worksheet:

STUDENT INFORMATION

1. Student Name/s: _____

2. Grade Student will be entering: _____

3. Home Church: _____

PARENT OR GUARDIAN INFORMATION

1. Parent's Marital Status: Single Married Divorced Separated Widowed

2. Father/Guardian's Name: _____ Phone #: _____

   Address: _____

   Occupation: _____ Employed By: _____ How Long? _____

   Home Church: _____

3. Mother's Name: _____ Phone #: _____

   Address: _____

   Occupation: _____ Employed By: _____ How Long? _____

   Home Church: _____

4. Dependent Children:

Name of Child	*Grade*	*School Attending*	*Tuition Paid*	*Aid Received and Source*

I am requesting church financial aid. I assume the responsibility of the remaining portion of the bill after student aid has been credited to my account. I certify that the financial information I have supplied is true and correct to the best of my knowledge. UCA-ES has permission to send copies of grades and statements to my home church.

_____ _____

Parent/Guardian Signature Date

I am requesting church financial aid. I assume the responsibility of the remaining portion of the bill after student aid has been credited to my account. I certify that the financial information I have supplied is true and correct to the best of my knowledge. UCA-ES has permission to send copies of grades and statements to my home church.

_____ _____

Parent/Guardian Signature Date

(This top portion is to be kept in the church files)

LOCAL CHURCH COMMITMENT INFORMATION

(To be completed by Pastor or Church Treasurer)

Amount of church contribution per month: $_____

Other contributions (please explain in remarks below): $_____

Total monthly support: $_____

Remarks: _____

_____

_____

_____ _____

Pastor/Church Treasurer Signature Date

Please detach this portion of completed form and return to the UCAES principal or treasurer. Please do not send tax or budget information.

Please contact the family or the school if any additional information is needed.

BUDGET WORKSHEET

Name:_____

Date:_____

Please specify your family's monthly income and expenses as accurately as possible.

Monthly Income:

Dad's Income:_____

Mom's Income:_____

Other:_____

Income total:_____

Expenses:

Housing:_____

Utilities:_____

Cell phones:_____

Vehicle payments:_____

Gasoline:_____

Insurance:_____

Food:_____

Household expenses:_____

Entertainment:_____

Cable/Internet:_____

Clothing:_____

Credit card payments:_____

Medical:_____

Education:_____

Expenses total:_____