



GEORGIA CHRISTIAN SCHOOL
Out of State Financial Aid Request 2025-2026

Did you receive financial aid from GCS last year? Yes _____ No _____
Amount Awarded Last Year _____

Any student(s) applying for financial aid from Georgia Christian School must fully understand that the following guidelines must be met:

Any student(s) applying for scholarship/financial aid from Georgia Christian School must fully understand that the following guidelines must be met:

1. An application for scholarship/financial aid must have complete information on both the student and parent/guardian.
2. A scholarship **CANNOT** be applied to delinquent tuition.
3. Behavioral/Academic probation **CAN** result in loss of scholarship.
4. Application **MUST** be accompanied by verifiable proof of household income (i.e. 2024 tax return).
5. The Georgia Christian School Scholarship Committee determines any exceptions on a case by case basis.

I. Student(s) Information:

Name(s): 1. _____ Grade Level _____
 2. _____ Grade Level _____
 3. _____ Grade Level _____

School student(s) currently attending: _____

Church preference: _____ Church Member: _____

Home congregation: _____

II. Parent/Guardian Information:

Parent/Legal Guardian Name: _____

Address: _____

Home Phone: _____

Non-Custodial Parent: _____

Address: _____

Home Phone: _____

Please list marital status:

- _____ Both parents living and married to each other
- _____ Parent is single
- _____ Parents are divorced, currently separated
- _____ Parent is a widow/widower

Father's Employer: _____ Occupation: _____

Monthly Salary: _____ Other income: _____

Mother's Employer: _____ Occupation: _____

Monthly Salary: _____ Other income: _____

If parents are separated/divorced, do they share responsibility for student(s) tuition? _____

Do you own, rent or lease your home? _____ Other: _____

Please list any government programs you may be receiving, (Food Stamps, Medicaid, Disability, etc.): _____

In the space provided below, please give any information that might be qualified as special circumstances that may shed light on the family's financial status. (Example: Husband or wife is under constant physician's care or medication; elderly father/mother at home whom you provide support).

We, the undersigned, do certify that all of the information contained in the application is both true and accurate to the best of our knowledge.

Parent/Guardian Signature: _____ Date: _____