



**GEORGIA CHRISTIAN SCHOOL**  
**Out of State Financial Aid Request 2021-2022**

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. 2018 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).

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**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: \_\_\_\_\_