Date:	

The Financial Aid Committee carefully considers several factors including financial need, pastoral recommendation, and demonstrated support of BCS and its mission when disbursing funds to applicants. Applications are due by <u>June 7<sup>th</sup></u> and must include the following items to be considered complete:

- 1. Completed application.
- 2. Recent pay stub from each supporting parent or guardian.
- 3. Letter of recommendation from your pastor or some other person who can testify to your financial need.

#### Parent / Guardian Information:

Father Name: Last	First	
Mailing Address		
City		Zip
Home Phone		
Current Employer: Name & Address		
Occupation/Job Title		
Mother Name: Last		First
Mailing Address		
City		Zip
Home Phone		
Current Employer: Name & Address		
Occupation/Job Title		Years?

# **Student Information (Oldest to Youngest)**

Name:			
Last	First	DOB//	
		Years at BCS (if applicable)	
Name:			
Last	First	DOB//_	
		Years at BCS (if applicable)	
Name:			
Last	First	DOB/_/_	
		Years at BCS (if applicable)	
Name:			
Last	First	DOB//_	
		Years at BCS (if applicable)	
Name:			
Last	First	DOB//_	
	Years at BCS (if applicable)		
Name:			
Last	First	DOB/_/_	
Grade entering	Years at BCS (if a	pplicable)	

#### **Church Information**

Name of Church and Pastor				
	Average attendance (per month)			
If not attending or cannot attend please explain:				
	If yes, please provide details:			
Financial Aid Classification				
Check all that apply: Missionar	y Full Time Ministry			
Single Pare	ent Financial Hardship			
Please explain your current fir	nancial situation. If necessary, attached			

Joint estimated **monthly** income:

Source	<b>Husband</b>	<u>Wife</u>
	Income:	Income:
Wages, salaries, tips, etc.		***
Interest Income:		***************************************
Dividends:		
Business Income:		
Other Income:	The second secon	***************************************
Child Support:		***************************************
Do you receive financial assis	stance of any kind? Yes	No
If so, please explain:		
What other sources of income	e or assistance have you tri	ed?
	4 4 4 4 4 4 4 4	
Property Assets	Current Value	Amount Owed
		I I I I I I I I I I I I I I I I I I I
House		
Other Real Estate	<u></u>	
Business		
Automobile- Yr/Make		
Automobile- Yr/Make		
Investments		
Other:		
		MARIN A CONTROL OF THE CONTROL OF TH
To	tal:	

## **Cash and Savings Accounts:**

Checking:	
Savings:	
CD's:	
Other:	
<u>Total:</u>	
Monthly Expenses:	
Mortgage or Rent	
Property Insurance and taxes	
Automobile	
Utilities	
Credit Card	
Insurance (car, medical, life)	
Food and Medical	
Gas for car(s)	
Tuition and fees	
Child Care	
Tithe/Offerings	
Other	
<u>Total</u> :	
What is the minimum amount of ai	d needed to keep your child(ren) in
Bangor Christian Schools?	

Please tell us the reasons why you feel attending important for your child (ren).	ng Bangor Christian Schools is
I certify that all of the information included	l in this application is
Signature of Father/Guardian	Date
Signature of Mother/Guardian	