

Hope Christian Academy

Financial Assistance Application



HOPE Christian Academy awards financial aid to families who qualify based on income.

Applicant Information:

Parent/Guardian 1 Name: _____

Parent/Guardian 1 Employment Status: _____

Parent/Guardian 1 Occupation: _____

Parent/Guardian 1 Employer Name: _____

- Employed Full-Time Employed Part-Time Self-Employed
 Unemployed Retired Other: _____

Parent/Guardian 2 Name (if applicable): _____

Parent/Guardian 2 Employment Status: _____

Parent/Guardian 2 Occupation: _____

Parent/Guardian 2 Employer Name: _____

- Employed Full-Time Employed Part-Time Self-Employed
 Unemployed Retired Other: _____

Total number of people in the household (including parents/guardians) _____

Name(s) of Student(s) attending HCA

Financial Information:

Please provide the total annual income for your household, including salaries, wages, child support, alimony, government assistance, etc.

- Less than \$20,000 \$60,000 - \$80,000
 \$20,000 - \$40,000 \$80,000 - \$100,000
 \$40,000 - \$60,000 Over \$100,000

Do you own a home or rent?

- Own: total monthly payment \$ _____
 Rent: total monthly payment \$ _____
 Other: _____

Do you receive any form of public assistance (i.e. WIC, SNAP, KTAP, other)?

Does your family have any significant monthly expenses (e.g., medical bills, tuition for other children, loans)? Please explain:

Required documentation: All required documentation must be submitted at the same time as the application. We will not accept applications that do not have the proper documentation attached. Required documentation is as follows:

1. INCOME DOCUMENTATION: Copy of most current year's tax return (i.e. Tax Form 1040 and/or Schedule C)

2. RESIDENCY DOCUMENTATION: Copy of most recent utility bill or copy of mortgage statement or rental/lease agreement

Privacy of your Financial Aid Application Data

We take your privacy seriously and understand the importance of protecting your sensitive data. Any information from your financial aid application is protected and will not be released without your prior written consent. In some cases, information is provided to other HCA school officials with a legitimate need for the information. Following are those instances where we define school officials where information is required in the execution of their job duties. Under no circumstances will these persons or entities disclose your private information to others except as described below.

We will NOT release information from your application simply for the purpose of research or because another person has a curiosity. Please know that your information is secure and is not available outside the aid office except under the conditions listed above.

Signature and Agreement:

I hereby certify that the information provided in this application is accurate and true to the best of my knowledge. I understand that the financial aid awarded is based on the information submitted and may be subject to further verification. I understand that false information will disqualify my family for financial assistance.

Parent/Guardian Signature: _____ Date: _____

Please submit the application and required documents no later than July 15th.

FOR OFFICE USE ONLY

Approved Percentage: _____%

Amount HCA Financial Aid Will Pay \$ _____

Amount Applicant Needs To Pay \$ _____

Approved By _____ **Date Approved** _____