

# EMMANUEL CHRISTIAN SCHOOL

## Assistance/Financial Aid Application 2017-2018 School Year

This assistance program provides a grant of up to 50% off tuition for new students entering grades K2-12 who have been accepted for enrollment at ECS for the 2017-18 school year. The applying family must be able to afford at least half the cost of tuition plus the application, security, and book and supply fees. This one year assistance is valid as long as the student maintains a 2.0 GPA with no F's in any class, maintains good conduct and attitudes, receives no disciplinary suspension or expulsion, and all monthly payments are made on time. If these criteria are not met, the assistance will be revoked, and the family will be responsible for the full amount of tuition from that point forward. A limited number of Emmanuel Christian assistance is available and will be awarded based upon need. The form below is used to help identify eligible recipients. In addition to this form, please submit a copy of your tax return from last year and a copy of your most recent pay stub. The Assistance/Financial Aid Committee will maintain confidentiality of all information in the application.

The assistance grants are administered by the Administration based upon the recommendation of the Assistance/Financial Aid Committee. Any questions should be directed to the Business Manager of Emmanuel Baptist Church.

### Family Information

Student Name: \_\_\_\_\_ Grade 2017-18: \_\_\_\_\_  
Last First Middle  
Gender: M F Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

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	Father / Guardian	Mother / Guardian
Name		
Occupation		
Employer		
Work phone		
Cell phone		

Parents will be responsible for all book, supply, activity and any related fees upon notification of assistance.

I agree to abide by the criteria set forth in the assistance program and understand that I am responsible for payment of all tuition and fees apart from the amount awarded in the assistance. I also understand that if my child does not meet the necessary grade and conduct requirements set forth in this application that I will be financially responsible for repayment of the awarded amount.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**(office use only)**

Assistance Award Amount\$ \_\_\_\_\_ Date Awarded on \_\_\_\_\_

Please tell us your reasons for applying for the assistance/financial aid:

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### Student Academic Achievement

1. Please attach a copy of the students' report card from the most recent semester.

Student's Overall GPA (Grade Point Average) on a 4.0 scale: \_\_\_\_\_

2. Please list academic awards, honors, recognition and special achievements.

A. \_\_\_\_\_

B. \_\_\_\_\_

3. Please list any extracurricular activities, athletics, clubs, etc.

A. \_\_\_\_\_

B. \_\_\_\_\_

### Assistance/Financial Need

Please complete this budget worksheet to calculate the amount of financial assistance needed. All information will be kept confidential. Awarded amount is up to 50% off of tuition only.

	Monthly Income	
Monthly salary or wages – Father/Guardian	_____	
Payroll tax withholding	_____	
Health insurance deductions	_____	
Retirement contributions	_____	
Other payroll deductions	_____	
Net paycheck – Father/Guardian		_____
Monthly salary or wages – Mother/Guardian	_____	
Payroll tax withholding	_____	
Health insurance deductions	_____	
Retirement contributions	_____	
Other payroll deductions	_____	
Net paycheck – Mother/Guardian		_____
Self employment income	_____	
Other income (including nontaxable income)	_____	
Interest and dividend income	_____	
Alimony and child support	_____	
Disability income	_____	
Unemployment income	_____	
Other: _____	_____	
Total Other Income		_____
<b>Total Monthly Income</b>		_____

**Assistance/Financial Need – Continued**

**Total monthly income from previous page** \_\_\_\_\_

**Monthly Expenses**

**Housing**

- Rent or Mortgage \_\_\_\_\_
- Property Tax \_\_\_\_\_
- Insurance \_\_\_\_\_
- Utilities: gas, electric, water, garbage \_\_\_\_\_
- Telephone, cable, internet, cell phone(s) \_\_\_\_\_
- Household supplies \_\_\_\_\_

**Auto**

- Loan or lease payments \_\_\_\_\_
- Insurance \_\_\_\_\_
- Gasoline \_\_\_\_\_
- Maintenance and repairs \_\_\_\_\_

**Family**

- Food \_\_\_\_\_
- Clothing \_\_\_\_\_
- Medical expenses \_\_\_\_\_
- Child care expenses \_\_\_\_\_
- Other \_\_\_\_\_

**Fun**

- Christmas and other gifts (divide annual exp by 12) \_\_\_\_\_
- Recreation and entertainment \_\_\_\_\_
- Vacation (divide annual exp by 12) \_\_\_\_\_

**Education**

- ECS monthly tuition \_\_\_\_\_
- ECS books and activities \_\_\_\_\_

**Other education expenses** \_\_\_\_\_

**Loans and credit card debts**

- Credit card payments \_\_\_\_\_
- Home equity loan \_\_\_\_\_
- Other loans or debts \_\_\_\_\_

**Charitable contributions**

- Church and other cash donations \_\_\_\_\_

**Other expenses**

- \_\_\_\_\_
- \_\_\_\_\_

**Total monthly expenses** \_\_\_\_\_

**Total income minus total expenses = Monthly surplus or deficit** \_\_\_\_\_

**Amount of monthly tuition without any assistance:** \_\_\_\_\_

**Amount of monthly tuition assistance requested (up to 50%):** \_\_\_\_\_

## Church Involvement

1. How often do the parent(s)/guardian(s) attend church? \_\_\_\_\_
2. How often does the student attend church? \_\_\_\_\_
3. Name of church \_\_\_\_\_  
Address of church \_\_\_\_\_  
Phone number \_\_\_\_\_  
Senior pastor: Name and phone # \_\_\_\_\_  
Youth/Children's pastor: Name and phone # \_\_\_\_\_
4. May we contact the student's pastor/ youth pastor to inquire about his or her church involvement? \_\_\_\_\_
5. How many years has the student attended? \_\_\_\_\_
6. In what church activities does the student participate? \_\_\_\_\_  
\_\_\_\_\_
7. In what church activities do the student's parent(s)/guardian(s) participate? \_\_\_\_\_  
\_\_\_\_\_

**Student Character and Conduct**

Teacher and Principal or Counselor Recommendation

One of the student’s teachers and principal or counselor will complete this section of the application. Parents should leave this page blank.

Student’s Name \_\_\_\_\_ has applied for assistance/financial aid at Emmanuel Christian School for the upcoming school year. This reference form is part of the process with which eligibility will be determined. Please fill out this form and return it by mail to Emmanuel Christian School, Attn: Financial Aid Committee, 1001 N. Marquis Highway, Hartsville, SC 29550

5 - Excellent    4 - Above Average    3 - Good    2 – Fair    1 - Poor

**Teacher’s Evaluation**

Attitude \_\_\_\_\_

Conduct \_\_\_\_\_

Cooperation with teachers and principal \_\_\_\_\_

Positive influence on fellow classmates \_\_\_\_\_

**Principal’s or Counselor’s Evaluation**

Attitude \_\_\_\_\_

Conduct \_\_\_\_\_

Cooperation with teachers and principal \_\_\_\_\_

Positive influence on fellow classmates \_\_\_\_\_

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

Teacher’s Comments

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Teacher’s Name: \_\_\_\_\_ Subject/Grade: \_\_\_\_\_

Principal’s or Counselor’s Comments

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Name: \_\_\_\_\_ Title: \_\_\_\_\_