

CALVARY CHAPEL
CHRISTIAN SCHOOL



GRANT & AID
APPLICATION



During these difficult economic times, paying tuition for private school can be a challenge. It is obvious that placing your child or children in Calvary Chapel Christian School is a conviction rather than a preference. That is why you are willing to make the sacrifice. The investment into their lives will reap a wonderful harvest.

We are requiring each family who is receiving a financial award to give back to the school in the following ways:

1. Volunteer 20 hours of service per semester (40 hours per year) for each child receiving a scholarship (80 hours per year maximum for multiple children). These hours will be recorded through the office by the receptionist. It is important that you check in electronically when you arrive. The number of hours served will be reviewed at the end of the semester.
2. Students receiving a scholarship are not to earn a suspension. If this occurs, they may lose their scholarship. Discipline reports will be reviewed at the end of each semester.
3. Students must maintain an overall grade average of 70%. Report cards will be reviewed at the end of each semester.
4. Students must be fully enrolled by July 17th in order to receive any financial assistance.

I understand the requirements listed and will commit to fulfilling each of them.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

Parent/Guardian Name (Printed)

Information needed to complete your application:

- Copies of your 2009 IRS Federal Form 1040, 1040A or 1040-EZ U.S. Individual Income Tax Return, including supporting tax Schedules C, E, F. If applicant and co-applicant file separately, we require both tax returns for the same tax year. We do NOT accept State tax returns.
- Copies of all 2009 W-2 Wage and Tax Statements for both you and your spouse. NOTE: If you are applying before you have received all 2009 W-2 Wage and Tax Statements, please submit them as soon as they become available.
- Copies of all supporting documentation for household Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF).
- Paper applications received without a signature will not be processed.

Please do not submit multiple applications. Calvary Chapel Christian School (CCCS) will process one application per household-paper application only.

FAXED OR COPIED APPLICATIONS WILL NOT BE ACCEPTED

The Grant & Aid Application provides personal and financial information used to evaluate your need for financial aid. Incomplete or inaccurate information may affect your ability to receive financial aid.

INSTRUCTIONS

1. If the parents are divorced, the parent responsible for payment of the tuition should complete and sign this form. If each of the divorced parents is responsible for a portion of the tuition, each parent should complete a separate form and indicate the portion of tuition for which he/she is responsible.
2. If the parents are "married filing separately," report total household earnings on this form and enclose both filers' tax returns, including all supporting schedules and W-2 information.
3. For all financial-related information, round up to the next whole dollar.
4. Retain a copy of the application for your records.

REQUIRED DOCUMENTATION

You must mail or fax your 2009 1040, 1040A or 1040-EZ U.S. Individual Income Tax Return, including supporting tax Schedules C, E, F, 2009 W-2 Wage and Tax Statements, and all supporting documentation for household Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF) . Please do not send original tax documents. CCCS will not return any supporting documentation. Faxed or copied applications will not be accepted.

Section 1: Applicant & Co-Applicant Information

Please answer all questions included in this section. If your current marital status is married, co-applicant information is required. We ask for your social security number to verify the tax return information you are submitting to us. Social security numbers are retained in CCCS Grant & Aid Assessment's secure database and may be used for identification purposes. Personal information provided to CCCS is not used for any purpose other than to evaluate need for financial aid.

Section 2: Student & School Information

It is imperative that you complete this section for ALL children in the household attending CCCS. If you do not know the exact amount of your child's Tuition, enter the estimated amount or the amount from the previous school year. Please estimate the amount you and your spouse will be able to contribute toward each child's tuition. Indicate the school name, city, state, and zip code where your child will be attending for the 2010-2011 school year. Enter the amount of tuition the noncustodial parent is required to pay as a result of legal separation, divorce, or paternity proceeding (do not include child support reported in Section 3)

Section 3: Applicant & Co-Applicant Income Information

Supporting documentation must be provided for all household Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TAN F).

Item # Instruction

1. Enter the "Adjusted Gross Income" from the applicant's most recent federal tax return.
2. If filing separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return. If filing jointly or if there is not a co-applicant, enter "0".
3. List the amount of child support you received for all children.
4. List the amount of untaxed social security benefits for all household members. Include Supplemental Security Income (SSI) received.
5. If you anticipate receiving tuition support from friends, relatives and/or your employer, list the amount you will receive.
6. List all other nontaxable income, including but not limited to: tax-exempt interest income, nontaxable IRA or Keogh payments, pastoral and military allowance, foster care allowance, veteran benefits, and nontaxable pension or annuity payments.
7. If you anticipate a decrease in income, indicate the amount you expect your income to be in 2010. In 15c, select the reason(s) you expect a decrease.

Section 4: Applicant & Co-Applicant Expense Information

Item # Instruction

1. Total the minimum amounts due from all of your monthly credit card statements and enter that amount here. Indicate here if you have other monthly loan payments, not including first mortgages, credit card, or vehicle payments. Examples would be payments to purchase a boat, recreational vehicles, furniture, appliances, or other consumer purchases such as home improvements. List the creditor and monthly payment amount.
2. List the amount you or your spouse pay in child support payments per month.
3. If your health insurance is paid 100 percent through your employer, enter "0." If you pay any amount of your health insurance premiums, list the monthly amount you pay directly to the insurance company or have deducted from your payroll.
4. List the amount you pay annually for insurance for all of your vehicles.
5. List your annual out-of-pocket medical expenses. Examples include dental, eye care, prescription or co-pay expenses. Do not include expenses paid by insurance. Do not include health insurance premiums you pay through payroll deduction or directly to an insurance company.
6. Estimate your total annual charitable donations, cash or check ONLY.
7. Enter the number of family members (children/adults) attending college and provide the total out-of-pocket cost for the school year. Use the total cost for the upcoming year less any grant, aid, scholarship, student loan proceeds, or income from students' own resources.
8. If you have children for whom you are paying child or day care expenses, please list your estimated annual expense. Do not include preschool/prekindergarten tuition expenses.

Section 5: Applicant & Co-Applicant Assets and Liabilities

Item # Instruction

1. Enter the balance(s) from your most recent savings and/or checking account statement(s).
2. If you have a brokerage account for stocks, bond investments, mutual funds and/or certificates of deposit, list the value of these holdings from your most recent statement(s).
3. If you have retirement plan assets, a 401(k), 403(b) or an Individual Retirement Account (IRA), list the value of these holdings from your most recent statement(s).
4. List the amount you and/or your spouse contribute annually to your retirement plan assets.

Section 6: Required Information & Authorization

Please read the Terms and Conditions along with the Authorization before signing the paper application. Paper applications received without a signature will not be processed.

I. APPLICANT INFORMATION: Parent or Guardian

Name _____
Last
First
Middle Initial

Social Security Number [] [] [] - [] [] [] - [] [] [] [] Date of Birth _____
MM/DD/YYYY (08/30/2009)

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone # _____ Evening Phone # _____

Email Address _____
Please check primary email address regularly for notices sent by CCCS.

Secondary Email _____

Current Marital Status: Married Single Divorced Separated Widowed
If current marital status is married, co-applicant information is required.

Employment Status:	Relationship to Student(s):
<input type="radio"/> Full-Time	<input type="radio"/> Father <input type="radio"/> Legal Guardian
<input type="radio"/> Part-Time (<i>less than 30 hours/week</i>)	<input type="radio"/> Unemployed <input type="radio"/> Disabled <input type="radio"/> Mother <input type="radio"/> Grandfather
<input type="radio"/> Stay at Home (<i>full-time family care</i>)	<input type="radio"/> Retired <input type="radio"/> Stepfather <input type="radio"/> Grandmother
<input type="radio"/> Self-Employed	<input type="radio"/> Student <input type="radio"/> Stepmother <input type="radio"/> Other _____

Occupation _____ Employer _____

*Place of Worship _____ *I do not attend a place of worship*

City _____ State _____ Zip _____

II. CO-APPLICANT INFORMATION: Parent or Guardian

Name _____
Last
First
Middle Initial

Social Security Number [] [] [] - [] [] [] - [] [] [] [] Date of Birth _____
MM/DD/YYYY (08/30/2009)

Employment Status:	Relationship to Student(s):
<input type="radio"/> Full-Time	<input type="radio"/> Father <input type="radio"/> Legal Guardian
<input type="radio"/> Part-Time (<i>less than 30 hours/week</i>)	<input type="radio"/> Unemployed <input type="radio"/> Disabled <input type="radio"/> Mother <input type="radio"/> Grandfather
<input type="radio"/> Stay at Home (<i>full-time family care</i>)	<input type="radio"/> Retired <input type="radio"/> Stepfather <input type="radio"/> Grandmother
<input type="radio"/> Self-Employed	<input type="radio"/> Student <input type="radio"/> Stepmother <input type="radio"/> Other _____

Student & School Info Section 2

Complete this section for all children in the household. The grade level entered should be for the upcoming school year. CCCS will process one application per household. Do not submit multiple applications.

Child's Name _____
Last First Middle Initial

Child's SSN [][][][]-[][][]-[][][][][] Child's Date of Birth _____
MM/DD/YYYY (08/30/2009)

Grade Entering _____ Child's Gender M F Annual Tuition \$ _____ .00

How much do you estimate you and/or your spouse can pay toward this child's tuition annually? \$ _____ .00

Child's Ethnicity* African American Asian Caucasian Hispanic Native American Other

Annual tuition support required from this child's noncustodial parent as a result of legal separation, divorce, or paternity proceeding, **Do not include child support payments.** \$ _____ .00

Child's Name _____
Last First Middle Initial

Child's SSN [][][][]-[][][]-[][][][][] Child's Date of Birth _____
MM/DD/YYYY (08/30/2009)

Grade Entering (Fall 2010) _____ Child's Gender M F Annual Tuition \$ _____ .00

How much do you estimate you and/or your spouse can pay toward this child's tuition annually? \$ _____ .00

School Entering (Fall 2010) _____

Child's Ethnicity* African American Asian Caucasian Hispanic Native American Other

Annual tuition support required from this child's noncustodial parent as a result of legal separation, divorce, or paternity proceeding, **Do not include child support payments.** \$ _____ .00

Child's Name _____
Last First Middle Initial

Child's SSN [][][][]-[][][]-[][][][][] Child's Date of Birth _____
MM/DD/YYYY (08/30/2009)

Grade Entering (Fall 2010) _____ Child's Gender M F Annual Tuition \$ _____ .00

How much do you estimate you and/or your spouse can pay toward this child's tuition annually? \$ _____ .00

School Entering (Fall 2010) _____

Child's Ethnicity* African American Asian Caucasian Hispanic Native American Other

Annual tuition support required from this child's noncustodial parent as a result of legal separation, divorce, or paternity proceeding, **Do not include child support payments.** \$ _____ .00

If more than three entries, photocopy this page and insert.

1. Size of household: Number of Adults living in household ____ Number of Children living in household ____
2. Do you file a federal income tax return? Yes, I file taxes No, I do not file taxes
3. Does the co-applicant file a federal income tax return?
 Yes, files jointly with applicant No, does not file Yes, files separately from applicant

Taxable Income

4. Please list the "Adjusted Gross Income" from the applicant's most recent federal tax return \$_____.00
5. If filing separately, list the "Adjusted Cross Income" from the co-applicant's most recent federal tax return. If filing jointly or if there is not a co-applicant, enter "0" \$_____.00
6. Do you own any of the following?*

 - a. Business -
Attach Schedule C or C-EZ (Form 1040) and Form 4562 Depreciation and Amortization Yes No
 - b. Farm - Attach Schedule F (Form 1040) and Form 4562 Depreciation and Amortization Yes No
 - c. Rental Property - Attach Schedule E (Form 1040) Yes No
 - d. S Corporation -
Attach Schedule E (Form 1040), Form 1120S (4 pages), Schedule K-1, Form 8825 Yes No
 - e. Partnership -
Attach Schedule E (Form 1040), Form 1065 (4 pages), Schedule K-1, Form 8825 Yes No
 - f. Estates and Trusts - Attach Schedule E (Form 1040), Form 1041 and Schedule K-1 Yes No

***IMPORTANT: If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your 2009 federal tax return.**

Nontaxable Income

7. Child support received Weekly Monthly Annually \$_____.00
8. Social Security benefits received that were not taxed, such as SSI
 Weekly Monthly Annually \$_____.00
9. Temporary Assistance for Needy Families (TANF) Weekly Monthly Annually \$_____.00
10. Welfare and/or Aid for Families with Dependent Children (AFDC/DC)
 Weekly Monthly Annually \$_____.00
11. Food stamps Weekly Monthly Annually \$_____.00
12. Tuition support anticipated from friends/relatives/employer Weekly Monthly Annually \$_____.00
13. Workers' Compensation Weekly Monthly Annually \$_____.00
14. Other nontaxable income. (ie, Clergy/Pastoral/Military Housing Allowance, Foster Care Allowance, VA Benefits, etc.)
 Weekly Monthly Annually \$_____.00

Change of Income

15. Do you anticipate a decrease in your 2010 household income? Yes No
 - a. If yes, What do you anticipate your income to be for the coming year? \$_____.00
 - b. If yes, What do you anticipate your spouse's income to be for the coming year? \$_____.00
 - c. If yes, Your income will be reduced in the coming year for the following reason(s), (select all that apply):
 - Unemployed or expected to be unemployed Applicant Co-Applicant
 - Will have reduced hours Applicant Co-Applicant
 - Plan to take a job at a lower wage rate Applicant Co-Applicant
 - Exiting the workforce and planning to work at home Applicant Co-Applicant
 - Filing for legal separation or divorce Applicant Co-Applicant
 - Plan to retire Applicant Co-Applicant
 - Medical reasons Applicant Co-Applicant
 - Death of a spouse Applicant Co-Applicant
 - Increase in family size Applicant Co-Applicant
 - Loss of alimony or spousal support Applicant Co-Applicant
 - Military reasons Applicant Co-Applicant
- Other: _____

Current MONTHLY Expenses

If none, enter "0."

1. Do you rent or own your primary residence? Rent Own Other
2. Monthly rent or mortgage payment (Include principal interest, taxes, and home insurance.) \$_____ .00
3. Do you own a second home (not including rental property)? Yes No
- a. If yes, what is the monthly mortgage payment on your second home (including principal, interest, taxes, and home insurance)? \$_____ .00
4. Monthly home equity loan payments. \$_____ .00
5. Vehicle Information: Complete for each vehicle leased or owned, including any vehicle that does not have a monthly payment. (If more than three [3] vehicles, photocopy form and insert.)

	Make/ Model	Year	
Vehicle #1 _____	_____	_____	\$_____ .00
Vehicle #2 _____	_____	_____	\$_____ .00
Vehicle #3 _____	_____	_____	\$_____ .00

6. Total credit card debt (do not include balances that are paid in full each month) \$_____ .00
7. Total of all minimum amounts due on monthly credit card statements. \$_____ .00
8. Monthly student loan payments for family members no longer attending college. \$_____ .00
9. Do you have other monthly loan payments? (Do not include cell phone, utilities, or other living expenses). If yes, fill out the loan information below. Yes No

Loan #1 _____			\$_____ .00
Loan #2 _____			\$_____ .00
Loan #3 _____			\$_____ .00
Loan #4 _____			\$_____ .00

10. Monthly child support payments. (Applies only to the parent or guardian paying child support. Do not include child support received.) \$_____ .00
- 11a. Is your health insurance paid 100 percent through your employer? Yes No
- 11b. If no, list the health insurance premium(s) paid per month, either by payroll deduction as indicated on the pay stub or paid directly to the insurance company \$_____ .00

Current ANNUAL Expenses

12. Annual vehicle insurance expense. \$_____ .00
13. Total annual out-of-pocket medical expenses not paid by insurance. Refer to instructions for examples. \$_____ .00
14. Charitable contributions-cash or checks-per year \$_____ .00
- 15a. Number of family members attending college beginning in the fall of 2009 _____
- 15b. Total amount of your family's out-of-pocket cost for college expected this school year. Total tuition less student loan proceeds, scholarships, grants and financial aid, and contributions expected from student earnings.) \$_____ .00
16. Child/Day Care Expenses: (Do not include preschool/prekindergarten expenses, This should be indicated in Section 2.)
 - a. Number of children for whom you pay child/day care expenses beginning fall of 2009. _____
 - b. Total amount of child/day care expenses expected this year. \$_____ .00
- 17a. Number of people for whom you pay elder care expenses. \$_____ .00
- 17b. Total amount of child care expenses expected this year. \$_____ .00

Applicant & Co-Applicant Assests & Liabilities

- | | |
|--|---------------------|
| | If none, enter "0." |
| 1. Value of cash, savings, and/or checking accounts | \$ _____ .00 |
| 2. Value of stock, bond investments, mutual funds, and/or certificates of deposit. | \$ _____ .00 |
| 3. Value of retirement plan assets- 401(k), 403(b), and/or IRAs. | \$ _____ .00 |
| 4. What is your or your spouse's annual contribution to retirement plan assets? | \$ _____ .00 |
| 5. If you own your home, the estimated value | \$ _____ .00 |
| 6. If you own your home, the amount you owe. | \$ _____ .00 |
| 7. If you own a second home, the estimated value. Do not include rental property | \$ _____ .00 |
| 8. If you own a second home, the amount you owe | \$ _____ .00 |

Required Information Authorization

I. Terms and Conditions:

CCCS is solely responsible for determining the final aid award. Submission of the application does not guarantee receipt of financial aid. CCCS assumes no liability whatsoever should financial aid be denied for any reason.

Privacy and Security. Data collected and stored by CCCS pursuant to this Application is considered the property of CCCS. The data will not be shared with any third parties without the prior consent of the institution unless requested by you. Access to the data shall be restricted except to the extent that CCCS associates must access the data to provide service to you or the institution. CCCS maintains physical, procedural, and electronic safeguards to protect data from being accessed by unauthorized third parties.

II. Authorization:

CCCS Grant & Aid Assessment is authorized to provide my (our) personal and financial information from whatever source derived to the educational institution(s) or their affiliates which are institutions to which I am (we are) eligible to apply for financial aid.

I (we) accept and agree to be bound by the terms and conditions listed above and acknowledge that the information provided on this form is true, correct, and complete to the best of my (our) knowledge, and that I am (we are) authorized to sign this form and to disclose this information.

Signature _____ Date _____
Applicant Signature *MM/DD/YYYY*

Signature _____ Date _____
Co-Applicant Signature *MM/DD/YYYY*

Don't forget to send the following:

- Applications received without a signature will not be processed.
- Copy of 2009 IRS Federal Form 1040, 1040A or 1040-EZ U.S. Individual Income Tax Return. If applicant and co-applicant file separately, we require both tax returns for the same tax year. We do NOT accept State tax returns.
- Copies of all 2009 W-2 Wage and Tax Statements for both you and your spouse.

NOTE: If you are applying before you have received all 2009 W-2 Wage and Tax Statements, please submit them as soon as they become available.

- Copies of supporting tax schedules if you have income from*:

Business - Attach Schedule C or C-EZ (Form 1040) and Form 4562 Depreciation and Amortization

Farm - Attach Schedule F (Form 1040) and Form 4562 Depreciation and Amortization

Rental Property - Attach Schedule E (Form 1040)

S-Corporation - Attach Schedule E (Form 1040), Form 1120S (4 pages), Schedule K-1 and Form 8825

Partnership - Attach Schedule E (Form 1040), Form 1065 (4 pages), Schedule K-1 and Form 8825

Estates and Trusts - Attach Schedule E (Form 1040), Form 1041 and Schedule K-1

****IMPORTANT: If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your 2009 federal tax return.***

- Copies of all supporting documentation for the household Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF).

Please allow 3 to 4 weeks for your application to be processed. Faxed applications will not be accepted. If you are applying after a given deadline date, please contact CCCS to ensure that your application will be accepted.