



Penobscot Christian School

1423 OHIO STREET, BANGOR, MAINE 04401 207-947-2704

APPLICATION FOR FINANCIAL AID

Please submit application in a sealed envelope addressed to: **School Treasurer**
You must also submit your completed application for admission to the school office before your Application for Financial Aid can be considered.

Name(s) of Financial Aid Applicant (please print) _____

Address _____

Telephone Work _____ Home _____ Cell _____

(Circle One) Married Single Widowed Divorced

Number of people in your household _____

Number of dependents age 18 & under _____

1. Amount of assistance being requested: \$ _____

2. Amount you are contributing towards tuition: \$ _____

3. What other sources of tuition assistance have you sought? _____

4. How do you currently volunteer or intend to volunteer at your school? _____

5. What is your adjusted gross income? \$ _____

Please attach a copy of page 1 of your most current 1040, 1040-A, or 1040-EZ tax return.

6. Non-Taxable Income for most recent year:

Health & pension benefits paid by your employer \$ _____

Social Security Income \$ _____

Workers' Compensation Income \$ _____

Non-Taxable Disability Income \$ _____

Public Assistance Income \$ _____

Child Support \$ _____

Gifts from others \$ _____

Other \$ _____

Total Non-Taxable Income \$ _____

7. Resources (Use values as of today's date):

Savings	\$ _____
Checking Accounts	\$ _____
Annuities	\$ _____
Cash value of life insurance policies	\$ _____
Stocks/Bonds	\$ _____
Mutual Funds	\$ _____
Equity in Land	\$ _____
Equity in Rental Properties	\$ _____
Equity in your home	\$ _____
Health & pension benefits paid by your employer	\$ _____

Total Resources	\$ _____
------------------------	----------

8. Monthly Expenses:

Mortgage/Rent	\$ _____
Vehicles/Transportation	\$ _____
Utilities (heating, electricity, phone, water, etc.)	\$ _____
Credit card debt	\$ _____
Medical	\$ _____
Child Support	\$ _____
Cable/Internet/Cell	\$ _____
Other	\$ _____

Total Monthly Expenses	\$ _____
-------------------------------	----------

9. Does any member of your household require special needs: Yes _____ No _____

Describe special need(s)

10. Please tell us a little about yourself and your situation. _____

11. Is there any other information you believe is relevant to the consideration of your request? _____

Please review this application to be sure that all information requested has been provided and is accurate. **This form must be correctly completed in its entirety to receive due consideration for financial aid.**

By my signature below, I release permission for the appropriate representatives of Penobscot Christian School to discuss the information on the application with potential Scholarship and/or Financial Aid sources.

Applicant Signature

____/____/____
Date

Applicant Signature

____/____/____
Date

<u>For Office Use Only</u>	
Date received: _____	Received by: _____
Date reviewed: _____	Approved: Yes _____ No _____
Aid amount: \$ _____	
Type/Source of Aid (Discount, Scholarship, or Financial Aid) _____	
Date recipient notified _____ notified by: _____	