

SPECIAL FAMILY CIRCUMSTANCES

WCGS desires to fairly allocate the resources available to the families that need financial assistance. If you are experiencing special circumstances that are placing a financial burden on your family, please describe those circumstances and the extent of the burden in the space below.



2018-2019 Financial Aid Application

PARENT or GUARDIAN STATEMENT

I (We) understand that the funds made available for tuition assistance by WCGS must be raised each year. I (We) believe that Christian education is critical to the proper growth and development of the children whose names appear on this application. I (We) promise to support the mission of WCGS and to fulfill all obligations (financial or otherwise) on time. Furthermore, I (we) covenant to keep WCGS apprised of significant changes in our financial condition.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Wheaton Christian Grammar School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policy, scholarship programs, and athletic and other school-administered programs.

FAMILY INFORMATION

Family Last Name _____

Father's Last Name _____ Father's First Name _____

Mother's Last Name _____ Mother's First Name _____

Street Address _____

City _____ State ____ Zipcode _____

Home Phone _____ Daytime Phone _____

E-mail Address _____

First and last names of students for which assistance is requested:

Student(s) Live(s) With (check all that apply):

Father Stepfather Male Guardian

Mother Stepmother Female Guardian

Other Dependents

Name _____ Age ____ Name _____ Age ____

Name _____ Age ____ Name _____ Age ____

Local Church Affiliation

Name of Church _____

Street Address _____

City _____ State ____ Zipcode _____

Areas of Service _____

FINANCIAL INFORMATION

Party Responsible for Tuition Payments

First Name _____ Last Name _____

Street Address _____

City _____ State ____ Zip code _____

Employer _____

Occupation _____ Phone _____

Work Location (City, State) _____

Sources of Annual Income

Employment _____

Investment _____

Rental Property _____

Gifts _____

Other Income _____

Total Family Income _____

Amount of tuition assistance available
from other sources (family, church,
employer, foundation, etc.) _____

**** Application must be accompanied by 2017 Federal Income Tax Return ****