



ASSISTANCE/FINANCIAL AID APPLICATION 2022-2023 SCHOOL YEAR

This assistance program provides a grant for tuition discount for students entering grades K2-12 who have been accepted for enrollment at ECS for the 2022-23 school year. The applying family must be able to pay the application, security, and book and supply fees in full. 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, 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 amount of funds for assistance are 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 copies of the most recent tax return and two most recent pay stubs for all financially responsible parties.*** The Assistance/Financial Aid Committee will maintain confidentiality of all information in the application. **The financial aid application must be submitted with the application for enrollment. The application period closes June 15, 2022.**

The tuition discounts are applied 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 2022-23: _____
Last First Middle

Address: _____ City: _____ Zip: _____

Parent/Guardian Email: _____

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

Parents/Guardians will be responsible for all book, supply, activity and any related fees on or before June 15, 2022.

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 _____

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

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.

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 _____

Total Monthly Income _____

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: _____

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 by which eligibility will be determined.

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

Teacher's Name: _____ Subject/Grade: _____

Principal's or Counselor's Comments

Name: _____ Title: _____

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