



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.

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

## 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: \_\_\_\_\_