



Pine Castle Christian Academy

App ID#

Grant & Aid Application

Your full name (exactly as it appears on your ID)

Applicant Information

Last Name

Firs Name

Middle Initial

Address

City

State

ZIP code

Social Security Number

Birth Date

Telephone Number

Driver’s License/Passport/ State ID

Email Address

- 1. Are you a US citizen?
- 2. Marital Status?

Yes, I am a US citizen

No, not at this time

Occupation:

Yearly Salary:

Co-Applicant Information

Last Name

Firs Name

Middle Initial

Address

City

State

ZIP code

Social Security Number

Birth Date

Telephone Number

Driver’s License/Passport/ State ID

Email Address

- 1. Are you a US citizen?
- 2. Marital Status?

Yes, I am a US citizen

No, not at this time

Occupation:

Yearly Salary:

Students Information

Student #1

Student Name D.O.B Grade Level

Scholarship: Yes

No, have not applied

No, was denied scholarship

How much tuition can you afford for this student?

Student #2

Student Name D.O.B Grade Level

Scholarship: Yes

No, have not applied

No, was denied scholarship

How much tuition can you afford for this student?

Student #3

Student Name D.O.B Grade Level

Scholarship: Yes

No, have not applied

No, was denied scholarship

How much tuition can you afford for this student?

Student #4

Student Name D.O.B Grade Level

Scholarship:

No, have not applied

No, was denied scholarship

How much tuition can you afford for this student?

Student #5

Student Name D.O.B Grade Level

Scholarship: Yes

No, have not applied

No, was denied scholarship

How much tuition can you afford for this student?

Nontaxable Income

Child Support	Yes	Amount \$	No
Temporary Assistance for Needy Families (TANF)	Yes	Amount \$	No
Welfare	Yes	Amount \$	No
Supplemental Nutrition Assistance Program (SNAP)	Yes	Amount \$	No
Tuition Support from friends/relatives/employers	Yes	Amount \$	No
Workers Compensation	Yes	Amount \$	No
Housing Allowance	Yes	Amount \$	No
Tax-Exempt Interest	Yes	Amount \$	No
Supplemental Security Income	Yes	Amount \$	No
Other Nontaxable Income	Yes	Amount \$	No

Description of other Nontaxable Income

MONTHLY EXPENSES

Do you rent or own your primary residence	Own	Rent	
Monthly rent or mortgage payment:			
Do you own a second home?	Yes		No

Utility Bills:

Cell/Home Phone Monthly Payment:

VEHICLES

Year/Make/Model	Monthly Payment
Year/Make/Model	Monthly Payment

CREDIT CARD AND OTHER LOANS

Total minimum due on monthly credit card statements:

Monthly student loan payments for family members no longer attending college:

Other monthly loan payments:

Monthly child support payments:

Health insurance premiums paid per month:

ADDITIONAL QUESTIONS

List any extracurricular activities in which your student participates:

List the annual amount spent on extracurricular activities for your students:

Please explain in 300 words or less any extenuating circumstances that might affect your financial situation.

Supporting Documents Needed:

- Last 4 paystubs for each working applicant (if applicable)
- Proof of nontaxable income (if applicable)
- Proof of monthly mortgage or rent payment

The financial department will review your application and our Accounts Manager will contact you within 3-5 business days of submitting application. Please note we will not review any applications that have been submitted without \$25 administrative fees and supporting documents.

I/We understand that should any of the information included in this application or any supporting documents be untrue, Pine Castle Christian Academy reserves the right to rescind the full amount of any tuition assistance and demand full payment of all; tuition fees. I understand that if I am granted a scholarship I must complete a 6 weeks financial course or complete 20 volunteer hours. If I do not complete the course of volunteer hours the Eagle Scholarship will be revoked, and applicants are responsible of paying PCCA the full amount awarded before any records can be provided. My signature indicates I have read and agree with the terms of this application.

Applicant _____
Print Sign Date

Co- Applicant _____
Print Sign Date

Office Use Only