



TRINITY CHRISTIAN SCHOOL

2025-26 Financial Aid Application

(Renewal for RETURNING STUDENTS (K5-12)/FIRST TIME ALUMNI DISC)

Financial Aid applies only to tuition and not to fees, such as application, registration, sustaining.

PRIORITY CONSIDERATION for Financial Aid will be given to those whose applications **(AND all required documents)** are received by **February 28, 2025**. Annual Tuition Incentive is not available to those receiving alumni discount or financial aid.

Indicate the type(s) of Financial Aid for which you wish to be considered:

- GOAL Scholarship** (available to current recipients and qualified new K4-12th grade students)
- Tuition Assistance** (based on need of family, need of school, and availability of funds)
- Pastor's Partnership** (available to full-time ministerial staff)
- Alumni Discount** (available to K4-12th grade students whose parent is a TCS alumni)

Please note the following requirements for Financial Aid Application to be considered:

<p>For GOAL Scholarship and Tuition Assistance</p> <p>Copy of pages 1 and 2 of 2024 Federal Income Tax Return (Form 1040) with taxpayer signature on designated line on page 2</p> <p>List any additional income not included in AGI: Annual Amount of Child Support Received \$ _____ Annual Amount of Worker's Compensation Received \$ _____ Annual Allowances Received for Housing, Food, Living Expenses \$ _____ Annual Amount Other Untaxed Income and Benefits Received \$ _____</p>	<p>For Pastor's Partnership</p> <p>Documentation from church (official letter stating full-time ministerial position, signed by senior pastor or chair of governing body of church)</p> <p>Church Name: _____ Contact Name: _____</p>
<p>For Alumni Discount</p> <p>Please provide the names and graduation year of the parent(s) who are Trinity Christian School Alumni.</p> <p>Mother _____ Graduation Year _____ Mother's Maiden Name (if applicable) _____ Father _____ Graduation Year _____</p>	

Parent(s): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary E-mail: _____
 Phone: _____

Child(ren): _____	Grade (for year of assistance): _____	Last school attended: _____
_____	_____	_____
_____	_____	_____

With whom do(es) the student(s) live? _____

List any other family members (not included on the tax return) who are dependent on the household income.

<u>Name</u>	<u>Age</u>	<u>School Attending</u>

Note to Parent or Guardian

If there are extenuating circumstances pertaining to your financial or personal situation that will assist in the consideration of Financial Aid for your family, please provide this information in an attachment to this application.

I, the undersigned, agree that, if my child(ren) receive Financial Aid at Trinity Christian School, I will support the School to the best of my ability with my prayers, presence, and service.

Father's Signature: _____ Date: _____
 Mother's Signature: _____ Date: _____

To insure confidentiality, please place all forms in an envelope and return it to the Head of School. Thank you.

Office use: Date Received _____ Documents Included: **Signed** Tax Return _____ Church Letter _____