



SAN RAMON VALLEY CHRISTIAN ACADEMY

Nurturing the heart, mind, body & soul for the glory of God.

220 W. El Pintado Road, Danville CA 94526 | Tel: 925-838-9622 | FAX: 925-838-8934 | web site: www.srvca.org

APPLICATION FOR FINANCIAL AID

Deadlines: Current families January 31. New families March 15
Revised 2/2/2017

Name of Student(s) _____ Grade _____

_____ Grade _____

Name of Parent Applying _____ Phone _____

Address _____

Church Membership _____

Denomination

Address

Name of pastor or church officer who can be called for reference _____

Telephone _____

Dependents

Name

Relationship

Age

If children, where enrolled in school

Special Circumstances

What circumstances make financial aid necessary? Please attach a statement.

Financial Information

Occupation(s) of parent(s) _____

Employer(s) _____

Present gross annual income of family _____

Adjusted gross income (from last income tax form) _____

How much of the tuition will the family be able to supply? _____

SRVCA 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.

Signed: _____
Parent

Parent

Date

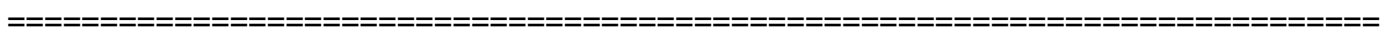
Please complete the back side and attach a copy of your last year's income tax returns, a copy of your W-2 form and the signed Release of Information Form.

STATEMENT OF FINANCIAL CONDITION

As of _____

ASSETS	LIABILITIES & NET WORTH
Cash in checking \$ _____	Notes payable, secured \$ _____
Cash in savings accounts _____	Notes payable, unsec. _____
CDs, money market, etc. _____	Bills payable _____
Stocks and bonds, market value _____	Real estate mortgages _____
receivables _____	Payable _____
Cash surrender value life ins. _____	Other debts itemized _____
Face value _____	_____
Real Estate _____	Total Liabilities \$ _____
Automobiles _____	
Other assets (itemize) _____	Net worth (total assets
_____	less total liabilities)
_____	\$ _____

	TOTAL LIABILITIES
	PLUS NET WORTH \$ _____



MONTHLY BUDGET

EXPENSES

NET INCOME

FOOD _____

HOUSING _____

HOUSEHOLD OPERATIONS _____

TRANSPORTATION _____

CLOTHING _____

MEDICAL CARE _____

HOME & LIFE INSURANCE _____

RECREATION _____

EDUCATION _____

CHURCH _____

PERSONAL CARE _____

OTHER _____

TOTAL \$ _____

\$ _____

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY EMPLOYEE

TO: (Name & Address of employer)

I hereby authorize release of my employment information.

Signature of Applicant

Date

The above individual named directly above is an applicant for financial aid for the San Ramon Valley Christian Academy. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Return Form To:

SAN RAMON VALLEY CHRISTIAN ACADEMY, 220 W. El Pintado Road, Danville, CA 94526

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: **YES** ___ Date First Employed _____ **NO** ___ Last Date of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____
\$ _____ through ____/____/____

Year-to-date earnings: _____

Overtime Rate: \$ _____ per hour

Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour
week: _____

Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Company Name and Address

Telephone Number

Fax Number

E-mail