

SAN RAMON VALLEY CHRISTIAN ACADEMY

"A renewed Christian school that transforms lives for God's glory"

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

(Due last school day in March)

(Revised 01/18//11)

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

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>If children, where enrolled in school</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

_____ Date

Parent

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 \$ _____
 Cash in savings accounts
 CDs, money market, etc. _____

 Stocks and bonds, market value
 receivables _____
 Cash surrender value life ins.
 Face value _____
 Real Estate _____
 Automobiles _____
 Other assets (itemize)

Notes payable, secured \$ _____
 Notes payable, unsec. _____
 Bills payable _____

 Real estate mortgages
 Payable _____
 Other debts itemized _____

 Total Liabilities \$ _____

 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