

# APPLICATION FOR FINANCIAL AID

## SCHOOL OF CHRISTIAN THOUGHT -- SALT COURSES



Please fill out this form COMPLETELY if you are interested in receiving financial assistance from one of our scholarship funds. We serve people of all ages, backgrounds, abilities and incomes. The funds available for The School of Christian Thought programs like SALT are made possible through the generosity of our members at North Boulevard Church of Christ.

<b>Name</b>		<b>Course Title</b>	
<b>Email</b>		<b>Cell #</b>	<b>Age</b> <b>Date</b>

### FINANCIAL NEED DISCLOSURE

1.	<p><b>Income Disclosure</b></p> <p>Total gross income of the household, as reported on current year IRS tax return forms is \$_____ per year. (Tax Return Forms need to be available by request only.)</p>
2.	<p><b>Family Size</b></p> <p>How many family members receive total support from this income? _____</p>
3.	<p><b>Personal Tuition Contribution</b></p> <p>Of the total tuition amount, \$399 per class , the student can contribute \$_____ .</p> <p>(You must include a dollar amount for your personal contribution. To provide assistance to as many students as possible, we ask individuals and families to contribute as large a portion as they can reasonably afford.)</p>
4.	<p><b>Additional Information Regarding Financial Need</b></p> <p>Please help us understand your family's financial situation. Are there special circumstances you would like us to consider? You may include information regarding medical expenses, school or college expenses, childcare expenses (including other summer programs), eldercare expenses, child support payments, emergency expenses, unemployment, etc. Attach additional pages if necessary.</p>

5.	<p>Please share with us how you hope to benefit from attending a SALT course. If you have attended a SALT course in the past, please tell us how this has positively influenced you. Attach additional pages if necessary.</p>
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**FULL DISCLOSURE & ACCURACY AGREEMENT**

I certify that the above information is true and complete to the best of my knowledge. I agree to inform The School of Christian Thought staff in a timely manner of any change in my income or family size. I understand that false or incomplete information could jeopardize any opportunity for financial assistance. I also understand that a registration is not complete until the terms of a financial aid offer have been accepted and a program deposit received.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month                      Day                      Year

**CONTACT INFORMATION**

<b>Street Address or P.O. Box</b>
<b>City</b>
<b>State</b>
<b>Zip</b>

<b>Date Received</b>		<b>Processed by</b>	
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