

Grace Crossing Academy

Scholarship Application

Supporting Documentation

You will need the following supporting documentation before you begin:
Most recently filed taxes
Most recent W-2's received by all Parents/Guardians listed on application
Most recent pay stubs of jobs that Parents/Guardians currently hold
All documentation that establishes how much miscellaneous monthly or yearly income you currently receive (i.e. welfare, food stamps, unemployment, workers' compensation, 2nd job, family contributions, child support, disability, alimony).
All corporate, partnership and trust tax forms, if a Parent/Guardians owns 20% or more interest in a corporation or partnership or if any member of the household owns 20% or more interest in a trust
Other documentation (recent utility bills, daycare expense, etc.,) may be require

Parent/Guardian Information

Parent/Guardian _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Phone (Work) _____ (Cell) _____ (Home) _____

Parent/Guardian _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Phone (Work) _____ (Cell) _____ (Home) _____

Name of Child/Children who will be Attending GCA

Name _____ Birth Date _____ Lives With _____ M/F

Name _____ Birth Date _____ Lives With _____ M/F

Name _____ Birth Date _____ Lives With _____ M/F

List all Jobs held by Parent(s)/ Guardian(s) since January 1, 2015 (even if no longer at this job)

Parent/Guardian _____ Job/Position _____ Date Held _____

Parent/Guardian _____ Job/Position _____ Date Held _____

Parent/Guardian _____ Job/Position _____ Date Held _____

Parent/Guardian _____ Job/Position _____ Date Held _____

List all Jobs held by Parent(s)/ Guardian(s) since January 1, 2016 (even if no longer at this job)

Parent/Guardian _____ Job/Position _____ Date Held _____

Parent/Guardian _____ Job/Position _____ Date Held _____

Parent/Guardian _____ Job/Position _____ Date Held _____

Parent/Guardian _____ Job/Position _____ Date Held _____

Please provide Pay Stub(s) from the last two Months

Tax Information 2015/2016

2015 Wages, tips, other Compensation _____

2016 Estimated Wages, Tips, Compensation _____

2015 Wages, Tips, and other Compensation: This value can be found in Box 1 of your 2015 W-2. If you do not have your 2015 W-2, use the year-to-date total off your last December 2015 paycheck.

2016 estimated wages, tips, and other compensation for this job. If you estimate that your 2016 income from a job will be lower than 2015 income, please attach an explanation of why you believe that will happen.

List Business, Farm, Corporation, Partnership, Trust and Miscellaneous Income since January 1, 2015

_____ 2015 Actual Net Profit _____

_____ 2015 Actual Depreciation _____

_____ 2016 Estimated Net Profit _____

Other Monthly Income

	Monthly Social Security for:	Monthly Average Amount Received For:	Miscellaneous Monthly Income
Welfare income	Parent(s)/Guardian(s)	Child Support	Taxable
Food Stamps	Dependents under 19	Alimony	Non-Taxable
	Elderly Dependents		

Other Yearly Income

2015 Interest & Dividends: This value is found by adding lines 8a, 8b and 9a on Your 1040 tax return form 6. and 7. Include any income that is not accounted for elsewhere on this application.	1. 2015 Interest & Dividends	Yearly Unemployment 4. Actual 2015	Miscellaneous Yearly Income 6. 2015 Lump Sum
	Yearly Workers' Compensation 2. Actual 2015	5. Estimated 2016	7. Recurring Yearly
	3. Estimated 2016		

If You Pay Rent

Enter the amount you pay for rent alone, do not include utility expenses	1. Monthly Rent	1. Electricity
	2. Yearly Renters' Insurance	2. Gas, Oil, Coal
		3. Water, Sewerage
		4. Trash Pick Up

If You are a Homeowner

Fill out this section if you are a Homeowner	1. Monthly Mortgage Payment	1. Electricity
	2. Yearly Home Insurance	2. Gas, Oil, Coal
	3. 2015 Rental Income	3. Water, Sewerage
	4. 2015 Rental Expenses	4. Trash Pick Up

Assets and Debts --- Automobiles

1. Yearly Insurance Cost for All Vehicles	Information for vehicles that you Own	Information for vehicles that you Lease
	1. # of Vehicles & Year	1. # of Vehicles & Year
	2. Monthly Payments on Vehicles	2. Monthly lease payment

Assets – Cash, Stocks, etc.

1. Checking, Savings, Cash, CD's	2. Stocks, securities, Bonds, Mutual Funds
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Medical Expenses

Current Medical/Dental Debt	Insurance Premiums
1. Medical/Dental	1. Monthly Medical/Dental
2. Monthly Prescription Drug	2. Monthly Prescription Drugs
3. Prescription Eyewear	3. Prescription Eyewear

Miscellaneous Debt

Credit Card	Bank Loans
Education --- Parent(s)/Guardian(s)	Education --- Parent(s)/Guardian(s)
Education Dependents	Other Debt

How much will any other sources contribute toward the education of those applying for financial aid with this form?

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____