



# FINANCIAL GRANT REQUEST

## SCHOOL YEAR 2017-2018

### Required documents to apply for an MVCS Financial Grant

- W2's from 2016
- Tax Return from 2016
- 2017 Household Budget form
- Completed Financial Grant Application

The Financial Grant Application must be completed in full and returned to the Mountain View Christian School (MVCS) Business Office by April 3, 2017 along with a \$50 processing fee for the application. A decision regarding if your family meets the qualifications for assistance will be decided no later than May 15, 2017.

MVCS Leadership Institute sets aside a portion of our operating budget each year to assist families who are in need as well as support our mission, vision, and core values. The criteria for grants given by MVCS not only include financial need, but it is also based on parental support and student performance, along with a code of conduct representing the Christian Values of this organization. Even if a financial grant which was given in a previous year, this is no guarantee that the same amount of assistance will be offered in the following year.

MVCS reserves the right to change, reduce or remove this financial grant if your account balance becomes past due or you withdraw your student in the current year the financial grant was awarded, MVCS reserves the right to remove the financial grant amount starting with the first month of the school year. This requires the responsible party to pay the amount due at the time of withdrawal.

### General Family Information

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

MVCS Student(s) (1) \_\_\_\_\_ Grade \_\_\_\_\_ (2) \_\_\_\_\_ Grade \_\_\_\_\_

(3) \_\_\_\_\_ Grade \_\_\_\_\_ (4) \_\_\_\_\_ Grade \_\_\_\_\_

(5) \_\_\_\_\_ Grade \_\_\_\_\_ (6) \_\_\_\_\_ Grade \_\_\_\_\_

Please include number of household members that live under your roof: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Marital Status: (Check One) Married Divorced Separated Single Widowed

List of names and ages that reside in the home that you are financially responsible for: \_\_\_\_\_

Church You Attend: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Church Phone Number: \_\_\_\_\_ How long attending this church? \_\_\_\_\_

How often do you attend church? (Check one)

Regularly (every week) Monthly Occasionally Never

## Employment Information

Parent / Guardian

Occupation: \_\_\_\_\_  
Annual Employment Income: \_\_\_\_\_  
Income from other sources: \_\_\_\_\_  
Total Household Income: \_\_\_\_\_  
Company Name & Address: \_\_\_\_\_

Work Number: \_\_\_\_\_  
Full Time / Part Time \_\_\_\_\_

Parent / Guardian

Occupation: \_\_\_\_\_  
Annual Employment Income: \_\_\_\_\_  
Income from other sources: \_\_\_\_\_  
Total Household Income: \_\_\_\_\_  
Company Name & Address: \_\_\_\_\_

Work Number: \_\_\_\_\_  
Full Time / Part Time \_\_\_\_\_

## Banking and Asset Information

Name of Your Bank: \_\_\_\_\_  
Account average balance: Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_  
Retirement Accts: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
I own my home: \_\_\_\_\_ If yes, please estimate current resale value: \$ \_\_\_\_\_  
Current loan balance owed for my home: \$ \_\_\_\_\_  
Other Properties: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Current Balance of Credit Card Debt: \$ \_\_\_\_\_  
Investments: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Investments properties: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Stocks/Bonds: Value: \$ \_\_\_\_\_ CD's: Value: \$ \_\_\_\_\_  
Auto Description (year, make & model) \_\_\_\_\_  
Auto Description (year, make & model) \_\_\_\_\_  
Recreational Vehicle Descriptions: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Recreational Vehicle Descriptions: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
(Boats, ATV, Motorcycles, RV's)

## Parent/Guardian Statement and Signature

Please state briefly your reason for wanting your child/children at MVCS Leadership Institute and any special conditions that you feel are important to aid in decision making process for the Financial Grant Committee.

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I realize that Christian education is a sacrifice for all families that pay tuition at MVCS. I certify that without this financial grant my child(ren) will not be attending MVCS. I also pledge to disclose any changes that take place in my financial situation, which would allow the grant amount to be reduced or discontinued.

I have read the above statement and understand by signing below, that I am affirming all information disclosed in this application is correct and shows an accurate picture of my financial position. Understanding this, I respectfully request consideration for the following scholarship for the upcoming school year.

Please put below the range of the monthly amount you can afford to pay per month:

FROM: \$ \_\_\_\_\_ TO: \$ \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**For Business Office Use Only:**

Approved

Denied

Reason denied \_\_\_\_\_

Amount Awarded per month \_\_\_\_\_

Annual Amount Awarded \_\_\_\_\_

Monthly Payment Plan \_\_\_\_\_

Academic Approval \_\_\_\_\_



**2017  
Household Budget**

**For Financial Grant Consideration**

<b>Monthly Take Home Income</b>	
Salary/Wages/Business Draw	
Salary or Wages (Spouse)	
Social Security	
Pension/Retirement	
Interest on Accounts	
Alimony / Child Support	
Real Estate rent (income)	
Investment Dividends	
Unemployment/ Food Stamps	
Other	
<b>Total Take Home Income</b>	

<b>Monthly Living Expenses</b>	
Alimony / Child Support (outgoing)	
Auto Gas and Repair	
Auto Insurance	
Cable TV/ Satellite Fees	
Charitable Contributions	
Child Care	
Childrens' Activities	
Clothing Maintenance (Laundry/Dry cleaning)	
Clothing Purchases	
Education- college	
Education- MVCS Tuition	
Electrical Bill	
Food (In-home / Groceries)	
Food (Out of home - Lunch, Dining)	
Gas and Oil Bill	
Health and Dental Insurance	
Homeowner/Condo fees	
Homeowners/ Renters Insurance	
Household items	
Internet Access (Cable, DSL)	
Life and Disability Insurance	
Memberships (Health club etc.)	
Personal Care (Grooming)	
Prescriptions & Medical Costs	
Property Services (Gardener, Pool)	
Security Services (Alarm)	
Subscriptions	
Telephone (Home, Cell, Pager)	
Trash Disposal	
Tuition and School Supplies	
Vacations	
Water Bill	
Other Expenses	
Other Expenses	
<b>Total Monthly Living Expenses</b>	

<b>Secured Debts (Monthly Payments)</b>	
Rent	
1st Mortgage	
2nd Mortgage	
Land Lease (Trailer park, other)	
Student Loans	
Auto Loans/Leases	
Recreation (Boat, ATV, etc.)	
Past Due Taxes	
College Tuition	
Other Debts	
Other Loans	
Other Loans	
<b>Total Secured Debt</b>	

<b>Unsecured Debt</b>	
Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Credit Card 5	
Credit Card 6	
Credit Card 7	
Credit Card 8	
Personal Loan 1	
Personal Loan 2	
Medical Bill Payment	
Other	
Other	
<b>Total unsecured Debt</b>	

<b>Summary</b>	
Total Take Home (Income )	
Total Living Expenses (-)	
Total Secured Debt Payments (-)	
Total Unsecured Debt Payments (-)	
<b>Disposable Income **</b>	