

# RCS FINANCIAL AID APPLICATION 2024-2025

- **MUST BE RETURNED BY May 2, 2024 TO BE CONSIDERED**
- While we would like to be able to help everyone who applies, funds are very limited. No assistance is promised until official award letters are sent.
- RCS does not consider an application for Financial Aid until the family has completed Stage 1 of the Admissions Process Checklist and the registration fee is paid in full.

**INFORMATION PROVIDED ON THIS FORM WILL BE KEPT IN STRICT CONFIDENCE.**

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

### **Home Information:**

Dependents names/ages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a single parent home? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of head of household \_\_\_\_\_

Name of church attending \_\_\_\_\_

Do all of your school-age children attend RCS? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain

\_\_\_\_\_

\_\_\_\_\_

Name of student (s)	Grade	Tuition
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL TUITION \_\_\_\_\_

**Other school fees:**

Activity/Technology Fee \_\_\_\_\_  
 Bus \_\_\_\_\_  
 Resource \_\_\_\_\_  
 Other \_\_\_\_\_  
 Total Bill \_\_\_\_\_

**Amount of Financial Aid requested** \_\_\_\_\_

**Financial Information:**

Father's place of employment \_\_\_\_\_

Monthly gross income (before taxes) \$ \_\_\_\_\_

Mother's place of employment \_\_\_\_\_

Monthly gross income (before taxes) \$ \_\_\_\_\_

Amount of child support received (if applicable) \$ \_\_\_\_\_

Other sources of income (please list with monthly amounts)

\_\_\_\_\_  
 \_\_\_\_\_

**Fixed monthly expenditures:**

	<u>MONTHLY</u>	<u>BALANCE</u>
Mortgage or Rent	\$ _____	\$ _____
Utilities:		
Electric	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Cell Phone(s)	\$ _____	\$ _____
Home Phone	\$ _____	\$ _____
Water/Sewage Trash	\$ _____	\$ _____
Food – Groceries	\$ _____	\$ _____
Food – Eating Out	\$ _____	\$ _____

<b>Fixed monthly expenditures (cont'd):</b>	<u>MONTHLY</u>	<u>BALANCE</u>
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Automobile (Please list make/model/mileage of all vehicles):

_____		
(Make/Model/Mileage)		
Monthly Payment	\$ _____	\$ _____

_____		
(Make/Model/Mileage)		
Monthly Payment	\$ _____	\$ _____

_____		
(Make/Model/Mileage)		
Monthly Payment	\$ _____	\$ _____

Gas/Maintenance	\$ _____	\$ _____
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Auto Insurance	\$ _____	\$ _____
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**Health Care:**

Life Insurance	\$ _____	\$ _____
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Health Insurance Medical Expense	\$ _____	\$ _____
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Shopping	\$ _____	\$ _____
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Cable	\$ _____	\$ _____
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Internet	\$ _____	\$ _____
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Monthly Investments

Type _____	\$ _____	\$ _____
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Taxes:

Personal Property	\$ _____	\$ _____
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**Time Payment** (List each monthly payment separately: credit cards, charge accounts, etc)

_____	\$ _____	\$ _____
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_____	\$ _____	\$ _____
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_____	\$ _____	\$ _____
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_____	\$ _____	\$ _____
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**Miscellaneous**

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTALS</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Please include the following with your application:**

- Copy of your 2023 Federal Tax Return
- A one page (maximum) memo explaining your reasons/situation for requesting Financial Aid.
- 3 months of current pay stubs

**This form must be entirely completed in or to be considered.**

**STAGE 1 of the Admissions Process Checklist and registration fee must be submitted in order to be considered.**

**Awards of Financial Aid are not guaranteed year to year.**

*To the best of my knowledge, the information in this application is accurate and complete.*

**Submitted by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notice of Nondiscriminatory Policy as to Students**

Ridgeview Christian School, Stuarts Draft, Virginia, 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 any school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admission policies, scholarship, athletics, and other school-administered programs.