

Laurel Christian School

Post Office Box 8425
Laurel, MS 39441
Office 601.649.4190
Fax 601.649.0449



APPLYING FOR FINANCIAL AID

Limited funds are available from Laurel Christian School to help families in need of tuition assistance. Financial aid is strictly need-based and must be applied for **each school year** *before enrolling for admission*. The application for admission and application for financial aid are separate processes. Financial aid is available for students in full day kindergarten through twelfth grade. Those wishing to apply for tuition assistance should complete these steps:

- ✓ Submit a Financial Aid Application by **January 20, 2017**. Applications are available in the Elementary & High School offices or may be printed from the admissions page on the school's website.
- ✓ Attach a copy of your family's most recent tax return(form 1040) to your application. If parents file separately, both tax returns should accompany the application.
- ✓ Submit a copy of your most recent payroll check stub(s).
- ✓ Apply for admission. Admission packets will be distributed in January 2017.

Incomplete applications will not be considered. Financial aid resources are limited; therefore, we encourage you to complete your application as soon as possible. Applicants will be notified no later than January 30, 2017. If you have any questions, please notify Norman Rowe at 601.649.4190 ext. 111 or via email at nrowe@laurelchristian.org.

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OFFICE USE ONLY

Date received _____
Received by _____
____ Tax return(s)
____ Payroll check stub(s)
____ Accept/denial letter
\$ _____ Tuition

APPLICATION FOR FINANCIAL AID

applications are due January 20, 2017

Please list the following information about the student(s) for whom you are applying:

Please note that students entering K3, K4, or K5 half-day are not eligible for financial aid.

Student name:

Grade:

Current school:

(2017-18 School Year)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: _____

Father/Guardian name: _____ Phone number: _____

Place of employment: _____ Years employed there: _____

Mother/Guardian name: _____ Phone number: _____

Place of employment: _____ Years employed there: _____

Earned monthly income:

Source:

\$ _____

\$ _____

\$ _____

Other income:

Source:

Frequency:

\$ _____

\$ _____

\$ _____

(continued)

Monthly expenses (excluding LCS tuition):	Amount:	
Tithe: _____	\$ _____	
Housing: _____	\$ _____	
Utilities: _____	\$ _____	
Insurance: _____	\$ _____	
Medical: _____	\$ _____	
Vehicles: _____	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	Total: \$ _____

Briefly describe why you are in need of financial aid.

I certify that all information stated on this application is accurate and complete to the best of my knowledge. I verify that I am the responsible party for the payment of my student(s) account.

_____	_____	_____
Father/Guardian name (printed)	Signature	Date
_____	_____	_____
Mother/Guardian name (printed)	Signature	Date