

# 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 **February 22, 2019**. 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 February 13, 2019.

**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 of their application status no later than March 1, 2019. If you have any questions, please notify Norman Rowe at 601.649.4190 or via email at [nrowe@laurelchristian.org](mailto:nrowe@laurelchristian.org).



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[www.laurelchristian.org](http://www.laurelchristian.org)



## 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 February 22, 2019*

**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: (2019-20 School Year)	Current school:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: \_\_\_\_\_

Father/Guardian name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Years employed there: \_\_\_\_\_

Mother/Guardian name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

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.

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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