

Please list the other financial aid sources to which you have applied and the dates of application:

I/we acknowledge that, as a condition of being considered for financial aid and/or a Church member Discount, Gethsemane Academy requires that I/we apply to the Arizona Christian School Tuition Organization (ACSTO) and Arizona Lutheran Scholarship Organization (ALSO). Initial: _____

I/we also acknowledge and understand that financial aid is based on available funding each academic year and on a case-by-case basis, and if financial aid is awarded, such award is only for the applicable academic year and it does not provide any promise or basis for financial aid in subsequent academic year(s). Initial: _____

I/we understand that a Church member Discount of 10% may only be given after review by the Senior Pastor of Gethsemane to verify current and active membership. Initial: _____

SECTION 4 – SIGNATURE OF PARENT OR LEGAL GUARDIAN

SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE

OPTIONAL – TOTAL HOUSEHOLD INCOME – PLEASE INDICATE YOUR INCOME AND HOW OFTEN IT’S RECEIVED

ONLY REQUIRED IF REQUESTING ADDITIONAL SCHOLARSHIP FUNDS FROM GETHSEMANE

Column 1-Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2-Gross income last month and how often income received: Next to each person’s name list each type of income received last month and how often it was received. (Weekly, every other week, twice a month, or monthly)

1. Earnings from work: List the gross income each person earned from work and how often the income is received.

2. Welfare, Child Support, Spousal Maintenance: List how much and how often.

3. Pensions, Retirement, Social Security: List how much and how often.

4. All Other Income: Include: Supplemental Security Income (SSI), Worker’s Compensation, Disability benefits, Veteran’s (VA) benefits, Unemployment, Strike benefits, Regular contributions from people who do not live in your household, **Net** income from self-owned business, farm, or rental income, and ALL OTHER INCOME.

5. *If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3-Check if no income: If the person does not have any income, check the box.

1. Name (List everyone in household)	2. Gross income and how often it is received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>			3. Check if NO income
	Earnings from work before deductions	Welfare, child support, spousal maintenance	Pensions, retirement, Social Security	
<i>(Example) - Jane Smith</i>	\$200/weekly	\$150/weekly	\$100/month	

SIGNATURE OF PARENT OR LEGAL GUARDIAN

I certify (promise) that all the information on this application is correct and that all income is reported.

[If both parents’ income is reported, both parents’ signatures are required below]

SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE