

# **Huntingdon Valley Christian Academy**

## **Financial Aid Application**

### **2022-2023 School Year**

In keeping with our commitment to the Adventist testimony of equality and diversity in the eyes of God, HVCA accepts families from a wide range of economic backgrounds. No distinction is made in the admissions process between applicants who apply for financial aid and those who do not. Financial aid awards are distributed annually by the Administration and are based on demonstrated financial need. Demonstrated need is the difference between a family's resources and tuition expenses. Because demand for financial aid often exceeds our allocated budget and in order to provide financial aid to multiple families, we cannot meet all demonstrated needs. ***Families must re-apply for financial aid each year.***

In the case of divorced parents, the assets of all parents and step-parents will be considered.

***In order to register for the next school year, current students must have no past due balance.***

### **Information Required in Financial Aid Package**

The completed Financial Aid Package will contain the following items:

- \_\_\_\_\_ Completed Financial Aid Application
- \_\_\_\_\_ 2021 1040 Tax Returns
- \_\_\_\_\_ 2 Months of most recent pay stubs

Please make sure that you have included everything listed above. Due to time constraints and limited funds, incomplete packages will not be reviewed.

**HUNTINGDON VALLEY CHRISTIAN ACADEMY**

**Financial Aid Application - 2022-2023**

All responses are confidential. By submitting this form you agree that the school may share certain information with scholarship and other agencies (such as school districts and intermediate units) for the sole purpose of obtaining scholarship grants, or other funding for your child's education.

**Family Contact Information**

Mother/Guardian Name: \_\_\_\_\_ / \_\_\_\_\_  
(Last Name) (First Name)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ / \_\_\_\_\_  
(Last Name) (First Name)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced/Separated \_\_\_\_\_ Single \_\_\_\_\_

Custodial Parent (*if applicable*): \_\_\_\_\_

Total number of persons in household \_\_\_\_\_

Names of children for whom you are requesting tuition assistance:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Other dependents living in household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Number of Students attending HVCA: \_\_\_\_\_ BMA: \_\_\_\_\_ Pine Forge: \_\_\_\_\_ Other Private Schools: \_\_\_\_\_

**Income Information**

Please include income from all sources such as: salaries, wages, Social Security benefits, child support, interest, dividends, pensions, etc. not including tuition assistance

Father's / Guardian Income:           \$\_\_\_\_\_ per year

Mother's / Guardian Income:        \$\_\_\_\_\_ per year

Total Household Income:            \$\_\_\_\_\_ per year

Any Other Tuition Assistance:        \$\_\_\_\_\_ per year

Contact information of person providing assistance:

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Amount paid for mortgage or rent:    \$\_\_\_\_\_ per month

Please provide a brief explanation of why you are requesting tuition assistance. Please feel free to attach your explanation if there is not enough space.

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Please provide an explanation of any extenuating or unusual circumstances that affect your financial need.

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Please explain ways in which you will support the school with your prayers, presence and service.

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**Acceptance:**

I attest that all the information I have provided is accurate to the best of my ability.

I / We have read, understand, and agree to abide by the terms and conditions of the acceptance of HVCA tuition assistance and accept the policies outlined in order to receive the tuition assistance listed above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Tuition:\$ \_\_\_\_\_

Discount: \_\_\_\_\_(%)      \$ \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Discount: \_\_\_\_\_(%)      \$ \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Discount: \_\_\_\_\_(%)      \$ \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Discount: \_\_\_\_\_(%)      \$ \_\_\_\_\_

Total Tuition before discounts: \$ \_\_\_\_\_

Total Tuition Discount:      \$ \_\_\_\_\_

Amount of tuition assistance provided:      \$ \_\_\_\_\_ per year

Amount of tuition assistance provided:      \$ \_\_\_\_\_ per month

Annual tuition (after assistance):      \$ \_\_\_\_\_

Monthly tuition (after assistance):      \$ \_\_\_\_\_

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

School administration approval: \_\_\_\_\_ Date: \_\_\_\_\_