

APPLICATION FOR FINANCIAL ASSISTANCE

**KINDERFRGOS SCHOOL
TEXAS CHRISTIAN UNIVERSITY**

Date _____

Name of Student _____ Date of Birth _____

Father or Guardian _____

Home Address _____ City/State _____ Zip _____

Occupation/Position _____ Employer _____

Mother or Guardian _____

Home Address _____ City/State _____ Zip _____

Occupation/Position _____ Employer _____

Other Dependents:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

If other persons are dependent on the family for support, please indicate and specify how related _____

Total salaries & wages before taxes:

Father's total monthly salary \$ _____

Mother's total monthly salary \$ _____

Other monthly income \$ _____

Total \$ _____ x 12 Months = _____ Yearly Income

Total Federal Income Tax paid last year \$ _____

Present Home Market Value \$ _____

Unpaid Mortgage \$ _____

Personal Savings & Checking Accounts \$ _____

Net Value of Any Other Investments \$ _____

Total Consumer Indebtedness \$ _____

If there are special circumstances affecting your finances, please give details:(family illnesses, divorce, loss of job, etc.) _____

Please attach most recent Federal Income Tax Report

Signature _____

Date _____

For Office Use Only:

Scholarship Amount:	Year	Batch Date	Batch Reference
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____