



CHRIST DOMINION

Equipping a worshipping people to rebuild, repair & restore the wasted places.

APPLICATION FOR FINANCIAL ASSISTANCE

This application must be filled out completely, including a copy of your most recent federal and state tax returns. The form may be completed digitally and sent to headmaster@christdominion.com or printed for completion by hand and mailed to Christ Dominion Academy at 59 West Penn Street, Summerville, PA 15865. Please check with the Academy for Financial Assistance deadlines.

The Scholarship Committee will meet and prepare a proposal of scholarship distribution to be brought to the Board of Directors for approval. Only the Scholarship Committee chairperson knows the names of the applicants. All information on the forms is strictly confidential. The Headmaster will notify parents who made applications for assistance as to the determination of eligibility and any award amount made. Scholarships are based on: financial need, interest in Christian education, and service to the school. Priority is given to families already enrolled at CDA and to those with greatest need. Due to changing circumstances, no one is guaranteed aid from year to year. The amount of scholarship funds available is affected by family support of fundraising activities, volunteerism, and charitable giving received prior to the award year.

SECTION A: HOUSEHOLD MEMBERS

Name(s) of child(ren) registering for the upcoming school year at Christ Dominion Academy:

Name: _____	DOB: _____	Entering Grade: _____
Name: _____	DOB: _____	Entering Grade: _____
Name: _____	DOB: _____	Entering Grade: _____
Name: _____	DOB: _____	Entering Grade: _____

Children reside with: _____ Phone: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____

Parent 1 Name: _____ Email: _____
 Occupation: _____ Cellular: _____
 Employer Name: _____ Phone: _____
 Employer Address: _____
 City: _____ State: _____ Zip: _____

Parent 2 Name: _____ Email: _____
 Occupation: _____ Cellular: _____
 Employer Name: _____ Phone: _____
 Employer Address: _____
 City: _____ State: _____ Zip: _____

Number of other dependent children in the home that are not listed above: _____

SECTION B: HOUSEHOLD EXPENSES

Number of children enrolled in other schools at which tuition is charged: _____

Name(s) of the school(s) and tuition per year (only include tuition not covered by grants and scholarships):

School 1: _____ Tuition: _____

School 2: _____ Tuition: _____

School 3: _____ Tuition: _____

Please list other dependents that receive financial support from your family and describe the type and amount of support given per year:

Person 1: _____ Type: _____ Amount: _____

Person 2: _____ Type: _____ Amount: _____

Person 3: _____ Type: _____ Amount: _____

List all monthly household expenses by category. Use extra lines for categories not listed:

Tithes, offerings and other charitable giving\$ _____ per month

Mortgage payment or rent.....\$ _____ per month

Health Insurance.....\$ _____ per month

Medical expenses not covered by insurance\$ _____ per month

Transportation expenses.....\$ _____ per month

Utilities (gas, electric, water, sewage).....\$ _____ per month

Television and internet.....\$ _____ per month

Childcare expenses not listed above.....\$ _____ per month

Indebtedness (loan or credit card payments).....\$ _____ per month

Other: _____\$ _____ per month

Other: _____\$ _____ per month

Other: _____\$ _____ per month

Other: _____\$ _____ per month

Other: _____\$ _____ per month

TOTAL.....\$ _____ per month

SECTION C: HOUSEHOLD INCOME & ASSETS

Do you own any of the following? (Check all that apply.)

Home Rental Property Boat Camper Second Home or Camp

Please list each vehicle you own (include recreational vehicles):

Vehicle 1 - Year: _____ Make: _____ Model: _____

Vehicle 2 - Year: _____ Make: _____ Model: _____

Vehicle 3 - Year: _____ Make: _____ Model: _____

Vehicle 4 - Year: _____ Make: _____ Model: _____

Vehicle 5 - Year: _____ Make: _____ Model: _____

Vehicle 6 - Year: _____ Make: _____ Model: _____

Please list annual income amounts for your household (before any deductions) :

<i>Source</i>	<i>Annual Amount</i>	<i>Specify Type</i>
Parent 1 earned income	\$ _____	
Parent 1 additional income	\$ _____	(unemployment, workman's comp, disability, alimony, etc.)
Parent 2 earned income	\$ _____	
Parent 2 additional income	\$ _____	
Other household income from ALL household residents	\$ _____	(rental income, taxable interest, wages, home business, etc.)
Non-taxable income	\$ _____	(child support, tax exempt interest, etc.)
TOTAL	\$ _____	

Enter the following amount from your most recent Federal Income Tax Return(s) and enclose a photocopy:

Adjusted gross income \$ _____
 Total deductions \$ _____
 Taxable income \$ _____

What is your expected income for the current tax year? \$ _____

Please list any special financial circumstances that should be considered when evaluating your scholarship application, such as illness, special housing problems, single parent home, etc.

What amount of tuition do you feel able to pay:
 monthly for 9 months - \$ _____ or monthly for 12 months - \$ _____

Do you wish to be considered for our CDA WorkShare program? Yes No

I hereby certify that the information included in the Christ Dominion Academy Application for Financial Assistance is true and correct.

Signature: _____ Date: _____

Print Name: _____ Daytime phone: _____

NOTE: Additional scholarships may be available from contributions received under the Commonwealth of Pennsylvania's Educational Improvement Tax Credit program (EITC). These funds have the following income restrictions: an eligible student must be a member of a household with an annual household income of no more than \$85,000 plus an additional allowance of \$15,608 for each dependent (as defined by the IRS) living within the same household.

If you meet the EITC income requirements, please submit the EITC Supplemental Form on the next page and return it with this application. If your employer is not currently supporting the EITC program, please encourage them to contact the Headmaster of CDA for more information on how they can keep their state corporate taxes in the community.

EDUCATIONAL IMPROVEMENT TAX CREDIT (EITC) SUPPLEMENTAL FORM

Household Members: (List every resident in the household)		Household Income: (List income from Form PA-40 by any resident)		
	<i>Name</i>	<i>Filed PA-40?</i>		<i>Taxable Income</i>
Parent/Guardian A:		Yes	No	\$
Parent/Guardian B:		Yes	No	\$
		Yes	No	\$
		Yes	No	\$
		Yes	No	\$
		Yes	No	\$
		Yes	No	\$
		Yes	No	\$
Total Household Members:		Total Income:		\$

Signature: _____ Date: _____

Print Name: _____ Social Security Number: _____

Please use these guidelines to determine whether your family qualifies to apply.

EITC Income Guidelines:

The Educational Improvement Tax Credit Program is closely regulated by State legislation. Per State law, the following guidelines should be used to determine what should be included as "Income."

In calculating household income for the purpose of determining student eligibility, all monies and property received by all household members of whatever nature and from whatever source are to be included, except for the following:

- a. Periodic payments for sickness and disability other than regular wages received during a period of sickness or disability;
- b. Disability, retirement or other payments arising under workers' compensation acts, occupational disease acts, and similar legislation by any government;
- c. Payments commonly recognized as old age or retirement benefits paid it to persons retired from service after reaching a specific age or after a stated period of employment;
- d. Payments commonly known as public assistance or unemployment compensation benefits by a governmental agency;
- e. Payment to reimburse actual expenses;
- f. Payments made by employers or labor unions for programs covering hospitalization, sickness, disability or death, supplemental unemployment benefits, strike benefits, social security and retirement;
- g. Compensation received by United States service personnel serving in a combat zone.

<i>Number of Dependents</i>	<i>Maximum Income</i>
1	\$100,608
2	\$116,216
3	\$131,824
4	\$147,432
5	\$163,040
<p>*Add \$15,608 for each additional dependent. Effective through May 31, 2019</p>	

For information regarding income guidelines for families with special needs students or students attending special education schools, please contact your school administrator.