



Oxford Hills Christian Academy Financial Aid Application 2023-2024

Oxford Hills Christian Academy
1134 Main St Ste A
Oxford, ME 04270
207-500-6037
www.OHCASchool.org

OHCA TUITION ASSISTANCE APPLICATION FORM



PARENT(S) NAME _____

STUDENT(S) NAME _____

PHONE # _____

To be considered for Financial Aid, you must submit a new form for each year and attach a copy of all necessary tax documents listed below. Grants are determined and awarded each year by a financial review process that uses an objective set of guidelines to determine eligibility factors. Awards will be determined within a month of receiving an application form and all necessary documentation. If approved for financial aid, you will be put on a waitlist for enrollment. Final acceptance will be based on openings as of August 15th. We will go in the order of first received to fill remaining openings.

Please note the required tax year documentation.

1. Detailed copies of all pages and Schedules of last year's Federal Income (Tax Return Form 1040, 1040A or 1040EZ)
2. Copies of all current W-2 Wage and Tax Statement Forms.
(Please make sure all documentation is copied on regular 8 1/2 x 11 paper).
3. This application form filled out in its entirety, signed and dated by the Parent(s) or Guardian(s) listed in Sections A and B.

IMPORTANT: If the above items do not accompany this application, your application will not be considered complete.

**** ALL INFORMATION IS STRICTLY CONFIDENTIAL. ANY INFORMATION PROVIDED IS SIMPLY USED IN AN EFFORT TO FAIRLY DETERMINE WHAT AMOUNT IF ANY YOU QUALIFY FOR. ANY SHARING OF, OR RELEASE OF AID RECEIVED WITH OTHER FAMILIES WILL JEOPARDIZE FUTURE FINANCIAL ASSISTANCE.**

PARENT, GUARDIAN, OR OTHER ADULT RESPONSIBLE FOR TUITION

Check One: Father Mother Stepfather Stepmother Other _____

DEPENDENTS ATTENDING OHCA:

	Dependent Name	Age (List Oldest to Youngest)	Grade going into	Applying for Aid Yes/No	Amount I/We feel I/We can pay toward tuition	Tuition Charged Yearly
1						\$4,000
2						\$1,500
3						\$2,000
4						\$1,500
5						\$1,500

UNUSUAL CIRCUMSTANCES (Check all that apply.)

<input type="checkbox"/>	Loss of job	<input type="checkbox"/>	Separation/divorce	<input type="checkbox"/>	Change in family living status	<input type="checkbox"/>	Chance in work status	<input type="checkbox"/>	Bankruptcy
<input type="checkbox"/>	College Expenses	<input type="checkbox"/>	Income reduction	<input type="checkbox"/>	Illness or injury	<input type="checkbox"/>	Death in family	<input type="checkbox"/>	Shared custody
<input type="checkbox"/>	High debt	<input type="checkbox"/>	Child support reduction	<input type="checkbox"/>	Medical/dental expenses	<input type="checkbox"/>	Shared tuition	<input type="checkbox"/>	Other (Explain in remarks section)

WHAT IS NEEDED TO PROCESS THIS APPLICATION

(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE)

1. This application form filled out in its entirety, SIGNED AND DATED BELOW by the Parent or Guardian listed in Sections A and B.
2. Detailed copies of all pages and Schedules of last year's Federal Income Tax Return Form 1040, 1040A or 1040E, and W-2 FORMS.
3. If you have not yet filed a current IRS FORM 1040. Then your most recent Form 1040, 1040A or 1040E. And most recent W-2 FORMS.

SIGN HERE

I/we declare that the information on this form is true, correct, and complete to the best of our knowledge. We understand that sharing any aid we receive with other families will not only jeopardize future financial assistance for others, but for us as well. I/we authorize OHCA to use such forms ONLY in determining Financial Aid.

Parent/Guardian _____ Date: _____

Parent/ Guardian _____ Date: _____

PERSONAL FINANCIAL STATEMENT

ASSETS

Provide the total value of each asset class; if you have more than one account or item, add up the individual amounts.

Checking Accounts	\$ _____
Savings Accounts	\$ _____
Certificates of Deposit	\$ _____
Securities (Stocks/Bonds/Mutual Funds)	\$ _____
Notes Receivable	\$ _____
Personal Property	\$ _____
Real Estate	\$ _____
Life Insurance	\$ _____
Retirement Accounts	\$ _____
Other Assets	\$ _____
TOTAL ASSETS:	\$ _____

LIABILITIES

Provide the total value of each liability type; if you have more than one of a category, add up the individual amounts.

Credit Card Debt	\$ _____
Student Loans	\$ _____
Vehicle Loans	\$ _____
Real Property Mortgages	\$ _____
Notes Payable/Promissory Notes	\$ _____
Other Liabilities	\$ _____
TOTAL LIABILITIES:	\$ _____

NET WORTH

[SUM OF ALL ASSETS] - [SUM OF ALL LIABILITIES] = \$ _____

CERTIFICATION

I certify that the information contained in this statement is true and accurate to the best of my knowledge on the date indicated. I agree that, if after submitting this statement, there are any material changes to my finances that would impact the information it contains, I have an affirmative duty to alert the person or entity receiving this statement as soon as possible. I acknowledge that, as a result of submitting this statement, further inquiries, including a credit report, may be necessary to verify the information contained, and I hereby authorize the person or entity receiving those statements to make such inquiries.

Signature: _____ Date: _____

Print Name: _____