

PERSONAL INFORMATION

Full Name of Student(s): \_\_\_\_\_

Desired Schedule: (check one)

Full Time (FCAC)

Part Time (FCA or FCAC)

Full Name of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Applicant Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Years with Employer: \_\_\_\_\_

Full Name of Co- Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Co-Applicant Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Years with Employer: \_\_\_\_\_

Number of people in the household: Adults:\_\_\_\_\_ Children:\_\_\_\_\_

Name	Age	Relationship to Applicant
		Self

Marital Status: (check one)

Single

Married

Divorced

Widowed

Religious Affiliation:\_\_\_\_\_

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

## GENERAL FINANCIAL INFORMATION

*\*To verify income please attach to this application copies of your current year form 1040 tax return and other supporting proof of income. Married couples filing separately must attach both forms. If you would like a free copy of your 1040, please call the Internal Revenue Services at 1-800-829-1040.*

Income Source	Applicant (A)	Co-Applicant (B)	Total
Adjusted Gross Income reported on current 1040			
Income from Spousal and/or Child Support			
Other public assistance			
Any other additional income			

TOTAL INCOME: \_\_\_\_\_

Expense Category	Description	Approximate Amount
Rent/Mortgage		\$
Utilities		\$
Childcare		\$
Car Payment		\$
Credit Card		\$
Other Loans		\$
Medical		\$
Education		\$
Spousal/Child Support		\$
Other		\$

TOTAL EXPENSE: \_\_\_\_\_

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## ADDITIONAL REQUIRED DOCUMENTS

1. A typed letter indicating the need of financial assistance.
    - This would include any other reasons or circumstances that you feel increase your qualification and/or need for financial assistance. (e.g. - family circumstances, ministry or other responsibilities; etc.).
  2. Copy of the applicant's last three months bank statements.
  3. The most recent pay stubs for the last 30 days.
  4. Copy of last year's W-2 form.
  5. Last 2 years of personal tax returns.
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## APPLICANT/CO-APPLICANT DECLARATION

I certify that all the information I have provided on this form and all supplementary forms are true, correct, and complete. I hereby authorize the FCA/FCAC Financial Aid Board, or its representatives to obtain such additional information concerning my child's educational program and my financial records needed to complete processing of this application.

If at any time the board finds that this information has been falsified, or used for personal gains, applicant and/or applicants could be held liable for repayment of reward/aid received.

Applicant's Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deadlines should be adhered to strictly. Application deadlines are as follows:

Semester	Deadline
Fall Semester	July 1, 2023
Spring Semester	November 1, 2023

*Upon completing this application, please submit these forms and additional paperwork to either Tammy Hynson (FCA Director) or Alexis Lewis (FCAC Director).*