



Homespun Schoolhouse  
of Agapé

***The Homespun Schoolhouse of Agapé***  
199 Agapé Way • Stephens City, VA 22655 • 540-869-6070  
Agapeva.com / blm09@comcast.net

**Financial Aid Application**  
2010-11 Academic Year

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Financial aid may be available for distribution to full-time (5 day/week) students who demonstrate a financial need. Funds will be distributed based upon their availability and the demonstrated need of the student.

Financial aid is intended to provide assistance, not to cover the entire cost. Parents are strongly encouraged to participate in fundraisers provided (e.g. Martin's cards) and to submit well thought out ideas for additional fundraisers. Financial aid is only available for those who tithe to their local church.

All full-time students are eligible to apply for financial aid. To be considered, please complete this application and submit the required financial documentation. All submitted information is kept in strict confidence. **Applications for financial aid must be submitted no later than May 15, 2010.** Decisions will be made by June 1. Financial aid awards will be applied directly to the student's account and will not be given in the form of cash. Awards will be credited to the student's account by July 1, 2010. The award will reduce the remaining payments on the account balance.

An application for financial aid must be submitted each year. Receipt of financial aid one year does not guarantee assistance in the future.

The acceptance of financial assistance from Homespun carries with it an obligation on the part of the student to attend class on a regular basis and work diligently on making progress in his/her school work. Financial aid may be withdrawn at any time if, in the opinion of the Homespun board of directors, the recipient fails to meet minimum standards of attendance and progress.



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General Information			
Student Name		Parent/Guardian Name	
Address			
Telephone (H)		Telephone (W)	
Father/Guardian's Employer		Occupation	
Mother/Guardian's Employer		Occupation	

This form contains financial information about the following persons: (**Check all that apply**)

Father    Mother    Stepfather    Stepmother    Guardian

Parents separated or divorced    Single parent

Father disabled    Mother disabled    Father deceased    Mother deceased

Applicant lives with:    Father    Mother    Stepfather    Stepmother    Guardian

Financial Information <i>(Please provide estimate gross annual income figures for <b>current year.</b>)</i>			
Father/Guardian	\$	Mother/Guardian	\$
Miscellaneous Income	\$	Total Gross Income	\$
<i>Please describe any unusual expenses that might help determine need on a separate page.</i>			

Scholarship Information/Aid Requested
Amount of aid requested (choose one) \$_____ or % of total tuition _____

**Attachments**

1. Federal 1040 for **last** tax year (photocopy)
2. Tax receipt or other proof of tithing to local church
3. If income has changed dramatically, or you wish to present additional information, please attach narrative

**Agreement**

I declare that I have completed this form, and to the best of my knowledge I believe it to be true, correct and complete.

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