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FINANCIAL AID APPLICATION

Note: The following information is to be used in evaluating your request for financial aid. All information will be kept confidential. Please complete **both sides** and provide a copy of your prior year tax return (1040 or 1040A). You may attach a cover letter with any additional information you feel may be pertinent to your financial situation.

Father/Guardian	Employer
Address	Work Phone
City St Zip	Time at current employer
Home phone	Cellular/other phone
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	

Mother/Guardian	Employer
Address	Work Phone
City St Zip	Time at current employer
Home phone	Cellular/other phone
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	

Custodial parent (if separated or divorced) _____

Number in household (including parents) _____ # Children in college _____
 Number of dependents living away from home _____

Please list child(ren) enrolled in Rainier Christian Schools (Kindergarten-12th grades only) for whom you are requesting financial aid. If applying for financial aid for the current school year, then put the current grade of your child. If applying for financial aid for the upcoming school year, then put your child's expected grade for next year.

Name	School	Grade	# Yrs. in RCSD

Full time Christian ministry employees (e.g., full time pastor, missionary) may be eligible for an additional discount. Does the primary income earner in your family work full-time in Christian ministry? _____ Yes _____ No

Adjusted gross income (AGI) for previous year tax return (1040 or 1040A attached): \$ _____

Primary source of income (Please circle): Salary Hourly wage Commission Self-employment Other

If Other, please explain _____

Is there any other source of funds available to help with your child's tuition? - (i.e. relatives, trust fund, etc.) _____
 If yes, please explain briefly below:

Current gross monthly income:

Father/Male Guardian earnings	\$ _____
Mother/Female Guardian earnings	\$ _____
Alimony/Child support received	\$ _____
Social Security/pension/annuity	\$ _____
Rental Income	\$ _____
Interest/Dividends/Capital gains	\$ _____
Other (Disability/Unemployment)	\$ _____
Ministers: Housing allowance	\$ _____

TOTAL MONTHLY INCOME \$ _____

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Current monthly expenses/debt:

Mortgage or rent	\$ _____
Auto payment(s)	\$ _____
Child care	\$ _____
Child support payments	\$ _____
Medical/Dental	\$ _____
Tithe/offerings/charity	\$ _____
Debt payments: Credit cards	\$ _____
Bank loans	\$ _____
Personal loans	\$ _____
Other _____	\$ _____

TOTAL MONTHLY EXPENSES \$ _____

Do not include routine living expenses such as food, utilities, or clothing. Do not include RCS tuition.

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Assets and Liabilities

ASSETS		LIABILITIES	
Cash, checking, savings/CD's	\$ _____	Home Mortgage balance owing	\$ _____
Mutual funds/stock/bonds	\$ _____	Vehicle debt - total owed	\$ _____
Home - current market value	\$ _____	Business/Rental debt	\$ _____
Vehicle(s), boats, RV's, market value	\$ _____	Retirement acct. Debt	\$ _____
Business/Rental property	\$ _____	Credit card debt	\$ _____
401-K, IRA, Pension, etc.	\$ _____	Bank loan debt	\$ _____
Personal property	\$ _____	Personal loan debt	\$ _____
Total Assets	\$ _____	Total Liabilities	\$ _____

TOTAL ASSETS LESS TOTAL LIABILITIES = NET WORTH \$ _____

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I/we declare that the information provided in this application is true, complete, and accurate to the best of my/our knowledge. I/We understand that Rainier Christian Schools may terminate any financial aid granted on the basis of this information if it is found to be false. I/We agree not to divulge or discuss with other parties any financial aid that is awarded. I/We have read and understand and agree to comply with RCS policies regarding Financial Assistance. I/We also understand that families receiving financial aid are required to pay annually, by semester, or through the FACTS Tuition Management Program. If pro-ration of tuition, or other fees, result in a credit balance, refunds are applied to financial aid.

_____ Signature of parent/Guardian	_____ Date	_____ Signature of parent/Guardian	_____ Date
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