NEW STUDENT FINANCIAL AID CHECKLIST



Requests for financial aid for the following school year may be submitted December 1 - February 29.

PLEASE PRINT:

STUDENT'S NAME:

______GRADE APPLYING FOR: _____

PARENT'S NAME:

Each year the requests for financial assistance substantially exceed the funding available. The following policies and practices for distributing financial aid ensure consistency and fairness.

NOTE: Your child will not be considered for financial aid unless you have completed the Admissions Application and paid the Admissions Application Fee.

The GAC financial aid application process begins by answering each of the statements below.

1.	My child has <i>good</i> to <i>excellent</i> grades with a B or better average.	YES	NO	
2.	My child's behavior record at his/her current school is outstanding.	YES		
3.	Our family, including my child, is active and regularly involved in our church.	YES	NO]
4.	While our family may not be able to afford all of the GAC tuition, our family finances allow us to commit sacrificially of our personal resources and assets to our child's Christian education.	YES	NO]
5.	We understand that financial aid does not cover non-tuition expenses. Our family is prepared to cover the full cost of all other expenses, including but not limited to uniforms, grade-level activities/trips, and bus transportation if chosen, and any expenses related to extra-curricular activities.	YES	NO	

Strong preference is given to students entering K5-9th grade.

Please print and sign this page.

By signing below I agree the answer to each statement above is true. Should GAC determine I knowingly provided untrue information, I understand I will not be considered for financial aid at GAC and my child will not be considered for admission.

SIGNATURE

DATE