CURRENT 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 NEXT SCHOOL YEAR:_____

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.

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

➡ IF YOU ARE UNABLE TO ANSWER "YES" TO EACH STATEMENT BELOW, YOUR FAMILY WILL NOT BE ELIGIBLE FOR CONSIDERATION OF FINANCIAL AID AT GAC.

1. My child has *good* to *excellent* grades with a B or better average. **YES** ☐ **NO** ☐
2. My child's behavior record at his/her current school is outstanding. **YES** ☐ **NO** ☐
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