

Application for Ministerial  
Financial Aid



The FCS Board has made provision for a special financial aid program for qualified ministers of the Gospel. The program provides for half tuition during the regular school year for children of the minister in grades K-12. This is a non-transferable program and does not cover registration, child care, summer school, or other fees.

Minister's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address – No PO Boxes: \_\_\_\_\_

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

<u>Your Child's Name</u>	<u>Age</u>	<u>Grade Entering in September</u>
_____	_____	_____
_____	_____	_____

**(A) Church Affiliation:** Please attach documentation of full-time employment and evidence of church's status as a 501.3(c) corporation.

Employer: \_\_\_\_\_ How long have you been employed? \_\_\_\_\_

Physical Address - No PO Boxes: \_\_\_\_\_

Name of corporate officer other than yourself for employment verification purposes: \_\_\_\_\_ Phone: \_\_\_\_\_

Your position or title: \_\_\_\_\_

Number of members and/or attenders: \_\_\_\_\_

Please describe your ministry:  
\_\_\_\_\_

**(B) Are you licensed by a denomination ?** \_\_\_\_\_ Denomination Name: \_\_\_\_\_

Please provide documentation of your association with this denomination.

**(C) When filing State and Federal Income taxes, do you file as a minister, thereby, meeting all IRS rulings concerning ministers?** \_\_\_\_\_

Please provide copies of applicable pages of your most recent Form 1040 as documentation of your IRS standing. You are welcome to cover financial figures.

**(D) All the information on this form is true and complete to the best of my knowledge.** I understand that my statements may be verified based on the information provided on this form. I understand that if my status changes in any way, I will notify the school by mail and I understand this financial aid may terminate.

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

Initial Application \_\_\_\_\_ Renewal \_\_\_\_\_



**ANNUAL MINISTER AFFIDAVIT**

**NAME OF MINISTER:** \_\_\_\_\_

Please return to the Business Office  
no later than March 9.

1. Applicant Student(s):

Name of Child to Whom Financial Aid Would Apply	Grade Entering in Fall	Semester/Trimester 1 GPA	If any, how many Semester/Trimester 1 grades of "F" earned?	Trimester 2 GPA (Elementary Only)	If any, how many Trimester 2 grades of "F" earned?	Child Suspended During School Year?

*Note: Grades earned at the close of Semester 2/Trimester 3 as well as the full year's behavior record will affect the status of a student's financial aid award.*

2. With which evangelical protestant denomination do you currently hold credentials?

\_\_\_\_\_

3. Do you meet IRS rulings concerning ministerial status and file as such?

Circle one: YES NO

4. Can you actively promote FCS to your congregation or constituency?

Circle one: YES NO

5. Please indicate the number of your church attendees for use when providing

FCS promotional materials to you: \_\_\_\_\_

6. Can you provide access for the promotion of the school by FCS Staff?

Circle one: YES NO

7. Are you supportive of the philosophy of Christian school education and policies of the school?

Circle one: YES NO

**Signature of Applicant Minister** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I am employed full-time at** \_\_\_\_\_ **(name of church).**

**Position at Church:** \_\_\_\_\_