



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: _____