

Application # _____

EASTERN SHORE CHAPEL PARISH DAY SCHOOL & CAMP
Financial Aid Application

Date of Application _____

Child's Name: _____ Birth date: _____

Parent (s) Name: _____

Home Address: _____

Home Phone #: _____

Financial Worksheet

Annual Income

Salary (Gross) _____
Entitlements _____
Child Support _____
Alimony _____
Foster Child Payment _____
Subsidy (ADC, Food Stamps, Childcare) _____
Other Income _____

*Total Family Net Income _____

Money in Savings Account _____

Annual Expenses

Rent/House Payment _____
Food _____
Clothing _____
Utilities _____
Medical/Dental (Bills, Insurance) _____
Telephone _____
Cable _____
Life Insurance _____
Automobile Payment _____
Automobile Expenses (Gas, Repairs, Insurance) _____
Tuition (Other Schools) _____
Childcare _____
Child Support _____
Alimony _____
Recreation _____
Charitable Donations _____
Incidentals _____
Other Expenses _____

*Total Annual Expenses _____

Application # _____

EASTERN SHORE CHAPEL PARISH DAY SCHOOL & CAMP
Financial Aid Application

Date of Application _____ (must re-apply for continued aid)

How much are you requesting? _____

What did you receive in the past? _____

Please indicate which program your child is registered for, and the number of days per week he/she will attend:

List all household members and their relationship to the student:

Employment History:

Father's Place of Employment _____

Address _____ Telephone _____

Mother's Place of Employment _____

Address _____ Telephone _____

Family net income _____

Family annual expenses _____

Please note any extenuating circumstances on the reverse.

**** A copy of a current pay slip and a copy of the most recent
Income Tax return must be attached. Your application will not
be processed without these forms.**