



**Chisholm Trail Academy**

401 S. Old Betsy, P.O. Box 717  
Keene, TX 76059  
(817) 641-6626 ♦ Fax: (817) 556-2009

**Student Aid Request Form  
Deadline: 6/30/2009**

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_

Student Church Affiliation \_\_\_\_\_

Student's home church \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Church Membership \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status of Parent(s):    Married            Separated            Divorced            Remarried            Widowed

If divorced, who has legal custody: \_\_\_\_\_ Responsible for Bill: yes or no  
Receive Copy of Bill: yes or no

Siblings: Yes or No    If you have siblings, please list them below:

| Name  | Age   | Grade | School |
|-------|-------|-------|--------|
| _____ | _____ | _____ | _____  |
| _____ | _____ | _____ | _____  |
| _____ | _____ | _____ | _____  |
| _____ | _____ | _____ | _____  |

**Father**            **Employer:** \_\_\_\_\_

**Monthly income** \_\_\_\_\_ **Are you on commission?** \_\_\_\_\_

**Mother**            **Employer:** \_\_\_\_\_

**Monthly income** \_\_\_\_\_ **Are you on commission?** \_\_\_\_\_

**Other Monthly Income: Child Support:** \_\_\_\_\_ **Social Security:** \_\_\_\_\_

**Veterans:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Monthly Total of Parent and Other Income:** \_\_\_\_\_

**Do you have a savings account?** \_\_\_\_\_ **If yes, how much?** \_\_\_\_\_

(see other side)

**PROJECTED EXPENSES**

| <u>Living Expenses</u> | <u>Monthly Amount</u> | <u>Other Installment and Credit Card Payments</u> | <u>Monthly Amount</u> |
|------------------------|-----------------------|---|-----------------------|
| Housing                | \$ _____              | _____   | \$ _____              |
| Insurance              | _____                 | _____   | _____                 |
| Home Taxes             | _____                 | _____   | _____                 |
| Food                   | _____                 | _____   | _____                 |
| Clothing               | _____                 | _____   | _____                 |
| Car Payment            | _____                 | _____   | _____                 |
| Gasoline               | _____                 | _____   | _____                 |
| Car Insurance          | _____                 | <b>Other Expenses:</b>                            | _____                 |
| Electricity            | _____                 | _____   | _____                 |
| Telephone              | _____                 | _____   | _____                 |
| Water                  | _____                 | _____   | _____                 |
| Cable                  | _____                 | _____   | _____                 |
| <b>Column Total</b>    | <b>\$ _____</b>       | <b>Column Total</b>                               | <b>\$ _____</b>       |

Monthly Income: \_\_\_\_\_ Total Expenses: \_\_\_\_\_

**Please attach a copy of last year's IRS 1040 Form. This application must be completed in full and the IRS form must be attached before the Committee will consider it.**

|  |
|--|
| Student's Employer _____                       |
| Monthly Income _____ Student's Expenses: _____ |

**YOU MUST COMPLETE THE FOLLOWING FAMILY FINANCIAL COMMITMENT TO CTA**

Total amount that Parent(s) can pay each month: \_\_\_\_\_

Total amount that the Student can pay each month: \_\_\_\_\_

Parent's additional comments or appeal (you may attach another sheet if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We understand that:

- Failure to keep this account paid in accordance with the above agreement by the due date each month automatically cancels the student aid unless special arrangement are made in writing and approved by the Principal or Treasurer.
- Our church attendance, activity and financial support will be at the Keene Seventh-day Church.
- Signatures on this application allow fore review of student transcripts and attendance records by the Student Aid Committee.
- That our student needs to work at school or if working elsewhere, the student needs to pay on their bill.

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Mother's signature