



Chisholm Trail Academy
 401 S. Old Betsy / P.O. Box 717
 Keene, TX 76059

Student Aid Request Form
Deadline: June 30

817-641-6626 ♦ Fax: 817-556-2009

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	_____	Other Expenses:	_____
Electricity	_____	_____	_____
Telephone	_____	_____	_____
Water	_____	_____	_____
Cable	_____	_____	_____
Column Total	\$ _____	Column Total	\$ _____

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.
- Signatures on this application give permission for the Student Aid Committee to review student transcripts and attendance records.

Date: _____ Student's Signature: _____

Father's signature

Mother's signature