



VICTORY CHRISTIAN ACADEMY

206 East 39th Street, Hibbing MN 55746 ♦ Phone 218.262.6550 ♦ Fax 888.416.1424 ♦ vcahibbing.com

FINANCIAL AID APPLICATION

School year _____ Birth Date _____ Grade _____

Child's name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Mother's name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Father's name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Financial Aid is based on the "Financial Aid Scale According to Income." Financial Aid must be renewed each year by re-application. Application is due by May 31st. **Please attach a signed photocopy of your family's most recent IRS 1040 Form, four (4) most recent pay-stubs, and list current income below.** Be assured that access to this information will be limited to the necessary decision makers, and will be held in the strictest of confidence.

INCOME	MONTHLY	ANNUALLY
Adjusted Gross Income		
Child Support Income		
Disability Income		
Social Security Income		
Other (unreported income, food stamps, etc.)		
Total		

List any circumstances we should know about which would help us determine your need for a scholarship.

Applicant's printed name _____ Applicant's phone _____

Applicant's signature _____ Date _____