



Jehovah - El Buen Pastor  
LUTHERAN CHURCH  
**GOOD SHEPHERD**  
CHRISTIAN ACADEMY

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# FINANCIAL AID APPLICATION

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FY 25'-26'

**MARCH 1, 2025**  
**GOOD SHEPHERD CHRISTIAN ACADEMY**  
**3740 W Belden Ave. Chicago, IL 60647**

Through the generosity of Jehovah- El Buen Pastor Lutheran Church, all students receive a discount against the actual cost of tuition. Good Shepherd Christian Academy requests participation in church and school activities outside of the regular school day from every family receiving financial assistance.

**I understand that if I do not participate, I could lose my financial aid or even be asked to re-pay part or all of the assistance I have received. \_\_\_\_\_**

*(Parent Initial)*

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### **STUDENT INFORMATION**

**Please list the name(s) of the student(s) in which you are applying for Financial Assistance:**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

## PARENT INFORMATION

Parent/Guardian Name #1 \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

What is the employment status of Parent/Guardian #1?

Full-Time  Part-Time  Student  Homemaker  Retired  Disabled

Seeking Employment

Please list the place of Employment of Parent/Guardian #1:

Employer Name \_\_\_\_\_

Address

\_\_\_\_\_

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

Zip \_\_\_\_\_

Employer Phone \_\_\_\_\_

If applicable, please list where Parent/Guardian #1 is currently attending school:

School Name \_\_\_\_\_

Address

\_\_\_\_\_

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

Zip \_\_\_\_\_

**Parent/Guardian Name #2** \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

What is the employment status of Parent/Guardian #2?

Full-Time  Part-Time  Student  Homemaker  Retired  Disabled

Seeking Employment

Please list the place of Employment of Parent/Guardian #2:

Employer Name \_\_\_\_\_

Address

\_\_\_\_\_

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

Zip \_\_\_\_\_

Employer Phone \_\_\_\_\_

If applicable, please list where Parent/Guardian # 2 is currently attending school:

School Name \_\_\_\_\_

Address

\_\_\_\_\_

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

Zip \_\_\_\_\_

**MONTHLY HOUSEHOLD INCOME INFORMATION**

How many people total reside in your household? \_\_\_\_\_

What are the names & ages for the other children who reside in your household?

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What is Monthly Gross Income for Parent/Guardian #1?

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What is Monthly Gross Income for Parent/Guardian #2?

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If applicable, please list the **income you receive** for the following:

Illinois Link \_\_\_\_\_

Social Security Benefits \_\_\_\_\_

Child Support Received \_\_\_\_\_

Help from family/friend for tuition \_\_\_\_\_

Other Income \_\_\_\_\_

Please describe any extenuating circumstances to help us understand your current financial situation:

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## COMBINED MONTHLY HOUSEHOLD EXPENSES

Please provide your family's combined monthly expenses for the following:

Mortgage/Rent \_\_\_\_\_

Car Payments \_\_\_\_\_

*Car/Insurance* \_\_\_\_\_

Child Support/Alimony Payments \_\_\_\_\_

Phone/ Internet \_\_\_\_\_

Utilities – Gas/ Light/ Water \_\_\_\_\_

Food \_\_\_\_\_

Clothing \_\_\_\_\_

Other \_\_\_\_\_

**Have you applied for Action for Children?**

- I do not plan to apply.
- Please have the Admissions Team provide me with information if I am eligible to apply.
- I have completed the application, and it is currently pending approval.
- I have completed the application and have been approved.
- I have completed the application and have been denied.

**Additional Documents Required:**

- Attached are my most 2 recent paystubs.

**I affirm that all of the information in this application is true to the best of my knowledge and agree to participate in school and church activities outside of the regular school day if offered financial assistance. I understand that my financial aid application will be considered incomplete if I do not submit my most two recent paystubs and that of my partner (if applicable).**

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**I understand that a requirement for financial aid includes participating in Sunday choir at least once a month. Failure to comply may result in financial aid being removed or reduced.**